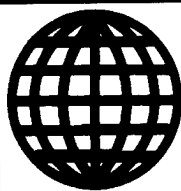


JPRS-TEP-90-014  
5 OCTOBER 1990



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# ***JPRS Report***

## **Epidemiology**

**AIDS**

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# Epidemiology AIDS

JPRS-TEP-90-014

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5 October 1990

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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## INTER-AFRICAN AFFAIRS

### Interstate Workshop To Combat AIDS Organized

90WE0286A Ndjama AL-WATAN in French  
14-20 July 90 p 10

[Article by Neldibaye M. Carpenter: "AIDS Information, Education, and Communication: Giving the Highest Priority to the World Fight Against AIDS"; first paragraph is AL-WATAN introduction]

[Text] An interstate workshop on health measures to combat AIDS, organized by the regional office of the World Health Organization (WHO), was held in Ndjama in the CEFOD [expansion unknown] meeting room from 9 to 14 July, 1990. The workshop gathered the experts of 12 French-speaking African countries affected by the terrible disease of our times, AIDS.

The workshop had several aims: first of all, to exchange information on how different nations have fared in their efforts to combat AIDS, and to examine and discuss the teaching materials developed to inform, educate, and communicate about AIDS in each country. Second, to share experiences in two realms: targeting of at-risk groups that were taught about AIDS using the focus-group technique, and incorporating AIDS teaching into primary health-care programs. "Chadian citizens! Fidelity to A SINGLE partner keeps you safe from AIDS": that is how our behavior must now change.

The opening ceremony of the extensive workshop was presided over by the state secretary of Public Health, Mr. Hamid Moussai, representing that ministry. During his welcoming remarks to participants from Algeria, Benin, Burkina, the Comoros, the two Guineas (Conakry and Equatorial), Madagascar, Mali, Mauritania, Niger, and Togo, Mr. Moussai drew the experts' attention to the scourge of our time, which is ravaging the entire planet without distinctions of country or race, and to which Africa is exposed more than anyone because of the weakness of its sociohealth infrastructure and its overall level of development.

The experiences of the different countries gathered in this forum will enable the subregion to coordinate ideas and collective programs to mount an effective fight. And the technical information provided will strengthen the health measures against AIDS in French-speaking African countries. The momentum built up to combat AIDS is a splendid example of South-South and world cooperation in health. Despite efforts to find the best ways of bolstering prevention and treatment in national anti-AIDS programs, HIV infection is only worsening, and WHO is continually seeking ways to combat the scourge. When the workshop is over, participants will have the opportunity to translate their ideas and plans into action, to overcome the people's ignorance of our era's terrible disease.

### Researcher Says Kenyan AIDS Drug Effective

FL1109200090 Bridgetown CANA in English  
1834 GMT 11 Sep 90

[By Peter Richards and Sandra Philias]

[Text] Caribbean Community governments should turn to Kenya in the search for a cure to the killer disease AIDS, the head of the Barbados AIDS Task Force suggested on Tuesday. Professor E. R. Mickey Walrond told reporters that regional governments should ask Nairobi to provide Kemron, a drug developed by the Kenya Medical Research Institute which has proven to be effective in combating the symptoms of the killer disease. Walrond was in Kenya at the invitation of the Commonwealth Secretariat September 3-7 attending an AIDS (Acquired Immune Deficiency Syndrome) Conference.

"I will be writing a report to the regional health ministers," he told reporters. "...I am going to recommend that this is a treatment that they should try and recommend, also that when it is being tried that a study be set up in a way that we can discover as much as we can about the drug.

"I think it ought to be tried," Walrond asserted, adding that "there is something in it."

Kenya has accused Western countries of ignoring the African state's contribution to the fight against the disease, which kills by destroying the body's immune system. Last month Kenyan President Daniel Arap Moi said that Kemron had "completely cured" 50 AIDS patients, and Kenyan researcher Dr. Davey Koech said the drug was "able to reverse the common symptoms" of AIDS in nearly all patients tested in the previous five months. [sentence as received]

Walrond said what was further positive about Kemron was that it had produced no side-effects common with other drugs being tested and used to cure the disease.

"Some of the patients that we certainly talked to, who had benefitted from the drug, were obviously reluctant to stop taking it, (and) the most important thing about this drug.... is that there are none of the side-effects.... that have occurred with AZT [azidothymidine/zidovudine] (the drug approved for sale by the Food and Drug Administration in the U.S.)."

Walrond said he believed that Kemron would prove to be a cheaper drug than AZT, and would cost Caribbean countries at least U.S. 3.50 dollars a day per patient. He said Barbados for instance was spending Bds 10,000 dollars (one Bds dollar equals 50 U.S. cents) annually per patient for AZT.

"If we could be satisfied that this drug would give the same feeling of well being for an AIDS patient at a quarter of the price, it would be certainly something we ought to try in the full," he added.

On Monday, the chief medical officer here, Dr. Beverly Miller, said that at least six thousand Barbadians would become infected with the HIV [Human Immune Virus] within five years, and Professor Walrond said that to date, there are 127 AIDS cases here since the first case was reported in 1984. Walrond said that in addition to that figure, 170 people have been identified as being HIV positive, but "showing no signs of the symptoms."

Dr. Miller said that 54 percent of the AIDS cases have occurred in homosexual and bisexual men and 20 percent in heterosexual men and women.

"Prenatal transmission accounts for five percent.... And a 1.6 percent is associated with blood transfusion, before routine testing of blood was started," Dr. Miller.

## CAMEROON

### 70 AIDS Cases in Northwest Province

90WE0297A Yaounde CAMEROON TRIBUNE  
in English 4 Jul 90 p 4

[Article by Tambi Samuel (CAMNEWS): "70 AIDS Cases in the North West"]

[Text] The North West Provincial chief of Preventive Medicines and Rural Health Services, Dr. Andy Tembon Chi, has disclosed that there are 70 cases of the Acquired Immune Deficiency Syndrome (AIDS) in the North West Province at the moment.

Dr. Tembon who was addressing chairmen of the various village health committees in the province at the Primary Health Care hall last May 30 remarked that this alarming figure had risen from two in 1987.

In view of the appalling disaster that this killer disease brings to human beings, the North West Preventive Medicines boss stressed that it is high time people use the Holy Bible and maintain the principle of one man, one wife. He said those men and women who have decided to be promiscuous stand the risk of being victims to this illness which for now has no cure.

Dr. Tembon remarked that "if we have the love and respect for our families and also feel for them we should avoid sexual promiscuity or use condoms if we must not control ourselves".

That is why, he said, precautionary measures are being taken at the hospitals to ensure that this disease is eliminated. Among the measures taken are that no blood transfusions can be done without proper test. He said the health authorities advocate that sexual intercourse should be reserved for the married only.

He however disclosed that the easiest ways through which the disease is communicated are through blood transfusion, injection and vaccination if the elements are not well treated.

The North West Preventive boss thus appealed to the entire public in the province to ensure that they always come up for thorough medical checks to avoid problems which can be an embarrassment not only to the victims but to their families and close associates.

### AIDS Rate - 2.72 Percent of People in South

90WE0297B Yaounde CAMEROON TRIBUNE  
in English 25 May 90 p 3

[Article by Johnnie MacVIBAN, Ebolowa: "South Updates Sensitisation Action"; first paragraph is introductory paragraph]

[Text] With 20 seropositive cases already registered, health authorities in the South province are seeking ways to curb the spread of AIDS.

A two-day seminar on AIDS evaluation and the updating of the actions of the provincial committee of the fight against AIDS, has ended at the conference hall of Ebolowa's Hotel "le Ranch" with far-reaching recommendations on future steps to be taken to halt its spread. Participants who came from various public and private organizations listened to exposes and engaged in debates on how to cater for those already having AIDS.

Co-ordinating the activities, the provincial delegate for Public Health for the South, Dr. Banemeg spoke of the concerted actions taken by the provincial committee in sensitizing youths on the reality and proportions of the killer-disease. The committee, it was noticed, had tested 718 persons with 20 positive cases - a prevalence percentage of 2.72% which is not negligible. The mode of transmission of the disease in the province is the same - through sex, blood or child birth. As the disease has not yet got a cure, the committees' activities were also centred on mass education on the only means of stopping the spread through prevention.

Participants pondered on many subjects ranging from the negative action by some Cameroonians in the face of the disease, sexual promiscuity and the proper use of the condom. The condom it was noticed in as much as it helps stop the spread of AIDS, also acted as a buffer towards the spread of other sexually transmitted diseases.

In the fight against the disease, it was recommended that a multi-sectoral collaboration be introduced, since the health services alone could not be able to sensitize large populations. There was also a call for society to take charge over people already considered as AIDS patients.

Closing the seminar, the Secretary General of the province, Mr. Justin Enonguene, deputizing for the Governor said the seminar was a total success and wished that the provincial committee extend its activities to all the corners of the province.

**WHO Statistics Predict Increase in AIDS Cases**

*AB0409131090 Yaounde Domestic Service in English  
01800 GMT 31 Aug 90*

[Text] The World Health Organization has released statistics on AIDS cases in Cameroon. The report says that as of last July the 30th, 195 AIDS cases were registered, with 156 patients dead. These statistics show an increase of 40 cases over a period of four months, that is from April to July 1990. The WHO report released by the Ministry of Public Health also revealed that one percent of the population is HIV positive, which the ministry said indicates there will be a significant rise in the number of AIDS cases in the months to come.

**DJIBOUTI**

**Eight AIDS Deaths**

*AB2808102890 London BBC World Service in English  
1615 GMT 23 Aug 90*

[From the "Focus on Africa" program]

[Text] The Djibouti health authorities have issued new statistics of victims of the killer disease AIDS. Two years ago, the government admitted that it had a problem with AIDS and set up programs to fight and contain it. With the latest figures, Mohamed Ahia telexed this report from Djibouti. [Begin studio announcer recording]

According to Dr. Ahmed Mohamed Hassan at the Ministry of Health, there were currently 21 people in hospitals with AIDS. Dr. Ahmed said that the disease has been monitored in Djibouti since 1988, and since then eight people are known to have died. The first case known in Djibouti came to light in 1986 and as a result of this a program to investigate and fight it was put into action. When testing for the disease first began a total of 190 people were found to have the HIV virus.

The World Health Organization, the European Community, and foreign governments, including Italy, France, Luxembourg, and the United States have all given assistance to Djibouti in its fight against the disease. Delegates from these countries and organizations attended a meeting in April this year to discuss further funding of these projects in Djibouti. As a result of this program, Djibouti is self-reliant when it comes to carrying out tests for the disease, and Djibouti's hospitals take all necessary precautions to prevent infection. [end recording]

**GABON**

**Seminar Trains Technicians To Screen Blood**

*90WE0268A Libreville L'UNION in French  
13 Jun 90 p 3*

[Article by Annick-Brigitte Bouma: "Preventing Transmission of AIDS Through the Blood"; first paragraph is L'UNION introduction]

[Text] Blood is still unfortunately a major way HIV (the AIDS virus) is transmitted in Africa, particularly in the most remote areas where facilities are lacking.

As part of its medium-term plan (MTP) initiated with the collaboration of WHO, the National Anti-AIDS Program has organized a blood-transfusion training seminar for laboratory technicians. Scheduled to last three days, from 11 to 14 June, the seminar was officially opened yesterday by the state secretary to the minister of Public Health, Population, Social Affairs, and National Solidarity, Mr. Kakou-Mayaza. Other health officials attending included Dr. M'Ba Jean-Remy, director of the National Blood Transfusion Center, and Mr. Huaux, an adviser of the EC delegation. The seminar is being entirely funded by the EC, through the donation of materials such as cold rooms, blood packets, bench-top centrifuges, etc.

Throughout the course a new method for detecting HIV in blood will be introduced. The purpose is to limit transfusions done without prior inspection. The procedure, which aims to ensure the safety of patients undergoing transfusions, should not be considered a definitive diagnosis of AIDS, but rather a "purging of dubious blood." Aware that efforts to combat AIDS will be ineffective if carried out in isolated fashion, the different health officials gathered the laboratory technicians from Gabon's nine provinces. Of the 22 seminar participants, 16 are provincial lab workers. The latter will be guided by doctors, who split the work schedule into two phases. Mornings will be devoted to theoretical presentations, and afternoons to practical exercises in the form of workshops.

The 10 topics selected center around methods for transfusing blood, blood conservation and expiration criteria, ABO systems, looking for hemolysins in O donors, and the magnitude of problems involved in donating blood in Gabon, among others. All of them are topics that should, in principle, provide new information to the seminar participants. Especially as the seropositivity rate is climbing sharply: 8,000 cases according to the 1989 count, and 10,000 cases according to predictions for 1991.

**GHANA**

**Increase in AIDS Cases**

*AB2509134090 Dakar PANA in English  
1310 GMT 25 Sep 90*

[Text] Accra—AIDS cases in Ghana went up to 1,732 at the end of July, Dr Phyllis Antwi, coordinator of the West African country's AIDS control programme announced Tuesday in Accra.

The figure is 39.6 percent up on the figures for January when 1,240 cases were reported. There were only 26 cases reported in the country in 1986.



Antwi was speaking when the French Government donated a 30,000-US dollar AIDS testing equipment to the Ghana Government.

This is the second time the French Government is giving Ghana AIDS testing equipment. In December 1988, it gave Ghana specialized equipment and AIDS reagents valued at 65,000 dollars.

## MOZAMBIQUE

### Appeal to Donors in Fight Against AIDS

90AF0450A Maputo NOTICIAS in Portuguese  
4 Jul 90 p 1

[Text] Yesterday the vice minister of health, Dr. Igrejas Campos, stated that the economic crisis confronting the country has led to a budget cut for the social sectors, especially health, that precludes their bearing the costs of a large-scale epidemic, such as AIDS, without the backing of the international community. Igrejas Campos spoke at the opening of the second donors' meeting intended to mobilize financial resources for the second phase activities of the three-year program to combat that pandemic disease.

The Health Service needs \$6 million to carry out the activities program in this phase without major obstacles. However, that sum was not obtained yesterday, although all the donors have expressed their willingness to continue financing the program. At the conclusion of the meeting, during the evening, it was announced that \$4.187 million had been made available, leaving those in charge of the program partially satisfied.

According to Igrejas Campos, the economic difficulties facing the country are reflected not only in the government's inability to provide primary health care to the majority of the population, but also in its lack of capacity to meet other fundamental health requirements. Thus, the reduction in the budgets allocated to this sector caused, for example, a decline in the per capita spending during the period from 1980 to 1989 ranging from 4.5 to nearly 80 cents on the dollar. This situation shows how impoverished our country has been left, owing mainly to the war, which has left thousands upon thousands of Mozambicans without any health care and in extremely wretched living conditions. Igrejas Campos claimed that it was thanks to international aid that the National Health Service could be kept operating throughout the past 10 years. Otherwise, it would have been impossible to render the minimal, sporadic assistance that the service has managed to furnish in some parts of the country.

The vice minister justified the need for international assistance to combat AIDS, declaring that "we must check the progress of the disease insofar as possible, to

prevent the number of victims from growing at accelerated rates," and so as to raise the response capacity of the National Health Service, as is already occurring in some countries.

Igrejas Campos argued: "We want to prevent the AIDS epidemic from forcing us to concentrate all our meager resources on it, which would prevent us from putting the other health care at the disposal of the population in need of it." He emphasized that Mozambique "still requires support from the international community, which succeeded in responding so well to the financing of the first phase." Over 70 percent of the activity plans for this first phase were implemented, despite the various difficulties besetting the personnel involved.

Then Igrejas Campos gave a general account of the principal activities to be carried out during this phase, underscoring the fact that the displaced, youths, and the military will be involved in health care. He also remarked that the government is bent on saving lives, and during this phase will continue to concentrate efforts on the primary health care level.

### WHO Warns of AIDS Danger

However, the representative from the World Health Organization [WHO], Dr. Boal, who also spoke during the opening session, warned that AIDS represents a danger to mankind. He claimed that by the year 2000 the cumulative total of healthy carriers will probably number from 15,000 to 20,000, or even more, if the Asian form of infection from the human immunodeficiency virus makes more rapid progress than the type known to us now. At that point, from 75 to 80 percent of the cases will be located in the developing countries.

The WHO representative revealed that, as of last June, over 260,000 cases of the disease in the entire world had been reported to WHO. Of that number, 23 percent, that is, nearly 65,000, were in Africa, and 113 in Mozambique. He said that WHO had expected at least 700,000 cases to have already have occurred, mainly because it is believed that most of the victims have not been diagnosed or, if they have, the cases have not all been reported. He noted that it is estimated that, during the 1990's, the cumulative total of victims will reach one million, and that by the year 2000 that number may total five or even six million.

According to published data, it is estimated that there are currently from 6,000 to 8,000 infected persons in the world: that is, healthy carriers of the virus. This means that one out of every 400 adults is already infected. The infection is twice as common among men than among women.

Dr. Boal pointed out that these figures taken in an isolated manner may not hold great significance for the man on the street, or even for the less well-informed health worker. In fact, he remarked, one often hears it asked why so many resources are devoted to a single disease, when in the underdeveloped countries there are

other factors responsible for high morbidity and death rates among us. He then explained that AIDS is quite deserving of the significance attached to it, for all the reasons that have been cited, and also because the growing number of infected individuals will soon have an extraordinary socioeconomic demographic impact.

Dr. Boal cautioned: "At the current rate of the viral infection's progress among the urban populations of Central and East Africa, during this decade a doubling or even tripling of the general death rates among adults and a 50 percent rise in child death rates may be foreseen."

During the morning, some points raised by the donors were explained. The vice minister of health, the national health director, and the chairman of the National Commission To Combat AIDS provided the necessary information.

### 127 AIDS Cases Reported 1986-July 1990

*MB1109212090 Maputo Domestic Service in Portuguese 1730 GMT 11 Sep 90*

[Excerpt] A total of 127 AIDS cases were reported in Mozambique between 1986 and 31 July 1990. This was disclosed at a regional health seminar which began in Maputo yesterday. [passage omitted]

## NAMIBIA

### 232 AIDS Cases as of March 1990

*90WE0296A Windhoek THE NAMIBIAN in English 11 May 90 p 3*

[Article by Mbatjiua Ngvirue: "AIDS Spreading at An Alarming Rate"]

[Text] The AIDS situation in Namibia is very alarming and worrying, particularly when one considers the fact that the population of the country is so small.

That is the stark assessment of the growing threat the country faces from AIDS given by Steven Titus, head of the Epidemiology Department at the Ministry of Health and Welfare.

In his opinion Namibians do not take the dangers of AIDS seriously but the time has come for them to become serious about this deadly disease.

Titus was speaking after having just made public new and shocking statistics about the AIDS situation in the country earlier this week.

The frightening new picture that has emerged is based on a review of the available data on AIDS collected since 1986 when the first cases in Namibia were reported.

The reassessment stated in January this year when Titus was appointed to build up an entirely new Epidemiology Department from scratch. The key finding is that although AIDS is not as common in Namibia as in many

neighbouring countries the spread of the disease is growing at an alarming rate.

The real shock is that with a population of only 1.5 million the number of AIDS cases in Namibia is not far behind that of South Africa which has a population of 30 million.

The total number of cases reported in Namibia stood at 232 at the end of March 1990 while as of February 12 the total reported number of cases in South Africa was 326.

The rate at which the AIDS scourge has spread in Namibia is even more terrifying if one looks at the annual increase in cases since the initial four cases in 1986.

1987 saw 15 new AIDS cases reported; this figure climbed to 43 in 1988 which then jumped to an astonishing 127 new cases for 1989.

In the first three months of 1990 alone there were 43 new AIDS cases reported which is the same number as for the whole of 1988.

"If there were 43 cases just from January to March you can get an idea of the number we can expect for the remaining nine months of the year," Titus said.

In 1986 there were no deaths from AIDS in Namibia, but in 1987 one victim died and since then the figure has steadily climbed to five deaths in 1988 reaching 29 deaths in 1989.

Again the picture looks even bleaker in 1990 where there has already been four deaths in the period January to March.

The fatality rate expressed as a percentage has also risen rapidly - starting with zero in 1986, seven percent in 1987, 12 percent in 1988 and finally 23 percent in 1989.

Titus was not prepared to disclose figures on the regional distribution of AIDS victims because that might cause more harm than good at this stage.

He acknowledged, however, that this was vital information and he indicated that the figures might be made available within the next two months.

Titus stressed that Namibia's growing AIDS crisis could not be solved by the Department of Health alone, but that there had to be community involvement.

"People must take AIDS seriously—acquaint themselves with the facts about AIDS and practice safe sex," he said.

### 44 New AIDS Cases in May 1990

*90WE0296C Windhoek TIMES OF NAMIBIA in English 4 Jul 90 p 3*

[Text] Namibia Health authorities have reported 44 new AIDS cases in May, bringing to 122 the total number of AIDS cases reported in the country this year, NAMBC news reports.

The chief epidemiologist in the Ministry of Health, Dr Steven Titus, said the latest reported AIDS cases brought Namibia's cumulative total to 311, with 40 AIDS-related deaths reported since 1986. Five of the deaths occurred this year.

## SOUTH AFRICA

### Minister Rejects Conservative Allegations on AIDS

*MB2607143190 Johannesburg SAPA in English  
1307 GMT 26 Jul 90*

[Text] Pretoria—Blood donors are carefully selected and all blood is thoroughly tested for HIV (human immunodeficiency virus), the minister of national health and population development, Dr. Rina Venter, said on Thursday.

In a statement released in Pretoria, she said allegations made by the CP [Conservative Party] that blood was transfused and distributed "without respect of persons," were definitely not correct.

Dr. Venter had publicly on numerous occasions stressed the dangers of the so-called window effect.

"This effect plays a role with persons already infected by the HIV and the government is satisfied that all possible efforts are used to exclude infected persons from the blood transfusion service.

"The fact that no transmission of the HIV by way of South African blood or blood products occurred, is proof of the effectiveness of the control measures."

She said the cases of HIV-transmission by way of blood products occurred through products from foreign countries before thorough testing was implemented.

"Combating AIDS is the responsibility of every person and statements with unscientific allegations do not contribute to information which the public needs in order to fulfil this responsibility," Dr. Venter said.

### Official Details Cape AIDS Statistics, Fatalities

*MB1209055690 Johannesburg SAPA in English  
2014 GMT 11 Sep 90*

[Text] Cape Town—Dr Michael Popkiss, the Cape Town city council's medical officer of health, reported this week that 71 cases of full-blown AIDS had occurred in the western Cape, 39 of whom had died.

He said in a report to the amenities and health committee this week this was the total number of AIDS cases from the beginning of the epidemic in 1982 up to August 8 this year, the latest figure available.

According to statistics issued by the Department of National Health and Population Development in May

this year, there had been 68 AIDS cases reported in the entire Cape Province, of whom 39 had died.

### Researcher Discusses Pietermaritzburg AIDS Figures

*MB1608061590 Johannesburg SAPA in English  
2040 GMT 15 Aug 90*

[Text] Pietermaritzburg—Two people in every hundred in Pietermaritzburg will be infected with the human immunodeficiency virus (HIV) and R [rand] 40-billion will be needed to care for AIDS sufferers in South Africa by the turn of the century.

These startling details were disclosed on Wednesday [15 August] by visiting health psychologist, Dr Stanton Newman, who practices at the University College and Middlesex School of Medicine in London.

He was talking at the 15th Natal University lecture in Pietermaritzburg on the subject of AIDS.

Existing Pietermaritzburg AIDS figures, Dr Newman said, were likely to double by 1991, and it was essential that money was made available immediately for education and advertising campaigns to persuade people to change their sexual behaviour—the "only route" to combating the disease.

"We have no time to lose. The number of people dying of AIDS by the end of the century will be twice the available number of hospital beds in South Africa at present," said Dr Stanton.

Homosexuals overseas had shown that a dramatic change in sexual behaviour had resulted in a marked decrease of 80 percent in the incidence of AIDS within that community, according to Dr Stanton.

This had occurred because sex was an open topic in this group, and safe sex, especially using condoms, was now practiced.

Forty percent of HIV positive carriers in South Africa were now heterosexuals, and it was essential the subject was discussed openly in this community.

Dr Stanton, who studied at the University of Natal, Durban, and now heads a research team in health psychology at the London Hospital, added that the only way to educate rural communities was through independent, nationally co-ordinated education campaigns involving people of all political persuasions, in order that this was not seen as a political weapon.

### 10 Percent of AIDS Fatalities Were Airways Employees

*MB0509051590 Johannesburg SAPA in English  
1151 GMT 4 Sep 90*

[Excerpt] Durban—Of the 215 people who have died of AIDS in South Africa to date, 26—more than 10 percent—were South African Airways' [SAA] employees.

This was disclosed at an AIDS symposium on the south coast of Natal on Monday [3 September].

Speaking at the aerospace medical society's symposium at Banana Beach, Dr E.B. Peters, the airline's medical director, said that SAA "certainly will not deny that we have HIV-positive individuals who are still flying".

The symposium, attended by more than 70 pilots, physicians or pilot doctors, on Monday focussed on AIDS in the aviation world. It will discuss aircraft accident investigation and prevention on Tuesday. [passage omitted]

### **No National Research Program on AIDS; Researchers Lacking**

*MB0609172290 Johannesburg SAPA in English  
1410 GMT 6 Sep 90*

[Text] There is no research taking place in South Africa aimed at finding an AIDS vaccine or cure and the only local research in this field is aimed at improving methods to diagnose the disease.

SABC [South African Broadcasting Corporation] radio news reports that the president of the Medical Research Council [MRC], Dr. Phillip van Heerden, said in an interview that research on AIDS was left to overseas countries due to the shortage of skilled researchers in South Africa.

He said South Africa had over the years lost good scientists to other countries and the MRC was engaged in recruiting researchers to come to South Africa.

### **Highest AIDS Figures: Natal Urban Males**

*90WE0239A Johannesburg SOWETAN in English  
19 Jun 90 p 5*

[Text] Cape Town (SAPA)—Recently research by local AIDS experts has confirmed that the major growth of the South African AIDS epidemic is among urban heterosexuals—and the black population in particular—with Natal reporting most cases of the disease.

Writing in the latest issue of the SOUTH AFRICAN MEDICAL JOURNAL, Prof B D Schoub, of the department of Virology at the University of the Witwatersrand, said the rate of increase appeared to be showing the same pattern as the rest of Africa.

This highlighted the urgent need for research into social factors like migrant labour and poor socio-economic conditions, which contributed to the spread of sexually-transmitted diseases.

He said the epidemic was showing signs of levelling off in other high-risk groups, such as the male homosexual population, although this group was still responsible for some 63 percent of all AIDS cases in South Africa.

Results of research up to the end of January this year revealed a total of 308 AIDS cases in South Africa, of which 195 were white male homosexuals.

The next largest group, of 63 heterosexuals, had a black/white ratio of seven to one.

### **Infant AIDS Fatalities in Soweto**

*90WE0292A Johannesburg THE CITIZEN in English  
18 Jul 90 p 11*

[Text] Twelve infants between the ages of one month and 2 ½ years have died of AIDS in the past year at Baragwanath Hospital.

A paediatrician at the hospital, Dr Ian Friedland, said more than 30 babies with HIV-infection had been diagnosed at the hospital since May last year. Twelve had died, but he was uncertain about the condition of the other babies as they were no longer brought to the hospital.

Dr Friedland said the infants had contracted the disease from their mothers and ruled out the possibility that they could have contracted it through blood transfusions.

He said specific treatment for HIV-infection in infants was not available at Baragwanath Hospital and that only symptoms could be treated.

Dr Friedland said there was an increase in the incidence of HIV-infection in children with seven cases having been diagnosed at the hospital last year and 25 this year.

## **TANZANIA**

### **Kemron's Anti-AIDS Claims Questioned**

*90WE0293A Dar es Salaam FAMILY MIRROR  
in English Jul 90 pp 1-2*

[Text] In May we brought our readers a world exclusive: Kemron is a hoax and the Kenyan researchers who claim to have invented it are self-seeking charlatans. We thank T. Kimani for his letter on behalf of the Kenyan High Commissioner to Tanzania which appeared in our last edition, and take this opportunity to provide some support for the "unfounded allegations" of which the writer accuses us.

Fact: At the Sixth International AIDS Conference held in San Francisco in June no mention was made of Kemron, in spite of the presence of a Kenyan delegation. Yet at this conference, which was widely reported in the world press, about 2,500 research abstracts on current AIDS research were presented. If Kemron is the wonder drug, it is curious that it is currently receiving so little attention in the international medical community. Or is there a conspiracy against Kenyan medical researchers? Readers will remember us reporting that Dr Koech et al also failed to defend their discovery at an earlier major World Health Organization meeting held in Geneva. Why? Because they neither discovered the drug nor undertook adequate trials to establish its effectiveness.

Fact: The evidence for the effectiveness of Kemron is based on incomplete and hastily presented findings,

rather than on carefully conducted trials. Of the 103 Kenyans treated with the drug, information on its effectiveness was presented for only 25. Some patients treated with Kemron have died. Claims that within weeks of starting treatment there was sero-conversion in a number of patients—that is, formerly sero-positive cases had become sero-negative—are completely implausible in epidemiological terms. If you have a bug in your blood it does not disappear overnight, no matter how well you respond to treatment. Take a blood slide of a patient who is recovering from a bout of malaria: you will still find traces of the parasite in the blood long after all malaria symptoms have disappeared. The patient is cured, but the bug is still in the bloodstream. Ditto with AIDS patients.

The Kenyan researchers have been successful in finding that the drug showed signs of effectiveness at doses far lower than those initially used in clinical trials. This does not constitute proof that they either discovered the drug or that it is a cure for AIDS. Whatever the case, there is a large area of murkiness and apparent manipulation in the whole Kemron affair which lead the impartial observer to be very suspicious of the outrageous and irresponsible claims made for the drug and the haste with which it was brought to public attention. Kenya's former Director of Medical Services, Mr Eric Mugola, is reported to have "criticized the manner in which the discovery was made. He felt the announcement was premature and that it would have been made at an appropriate scientific forum". (DAILY NEWS 8/2/90).

How come the American scientists involved have not claimed credit for discovering the drug?, Mr Kimani asks. A good question. It may be that nobody else has claimed responsibility for the discovery because adequate trials have not yet been undertaken on which to base a reasonable claim for its effectiveness. It may also be the case that all trials to date have proved inconclusive, even if some patients do recover their appetite and show other signs of improvement. (This can happen to untreated AIDS patients anyway). Alternatively, it might be that nobody wants to claim that a drug developed for treating cats can be equally effective on human beings!

As regards the WHO's acknowledging Kemron as a "major breakthrough" in the fight against AIDS, we would like Mr Kimani to quote his sources. Of course, WHO does not dismiss researchers' claims to have discovered this or that drug without good cause. WHO may even support trials and the further development of the drug, if it promises great things. There is no reason why "Kemron" (or whatever it will be named when patented by the real discoverers of the drug) should not be further tested and used in treating AIDS patients. Our claims in the May article that the Kenyans in no way "discovered" the drug, and that it does not cure AIDS (in the sense of removing the virus from the blood) still stand.

There will be a big patriotic fanfare in Kenya when President Daniel arap Moi launches the wonder drug in

the next month or two. In the enthusiasm of the moment the real questions of (1) who discovered it, (2) what the Kenyan researchers' role in the matter was, and (3) who will handle the further commercial development of the drug (despite its "discovery" in Kenya it has never been produced there) will be diplomatically glossed over.

Mr Kimani's predictable slurr—that we are denigrating Drs Koech and Obel and belittling an African achievement, and therefore displaying "colonial attitudes"—is laughable. If the charlatans involved were Americans or Japanese we would obtain the same satisfaction in exposing their moral turpitude. The affair has nothing to do with the race of the actors: if Drs Koech and Obel prove to be the Indomitable Lions of AIDS research we will happily shut up and wait for the label suite to arrive! Until they prove their case to the satisfaction of all, we remain highly skeptical of their exaggerated and unprofessionally presented claims.

We are fortunate in our relatively free Tanzanian press to be able to publish the above information. The Kenyan public will only hear about the Kemron hoax second hand, or from smuggled copies of the FAMILY MIRROR, the paper [words illegible] revealing charlatans and liars, irrespective of nationality, race, sex or creed. The heavy involvement of the Kenyan authorities in the Kemron issue does not augur well from the point of view of revealing the truth of the matter, but we will keep on trying. Kenyan High Commission, please note.

## UGANDA

### AIDS, HIV Statistics Given

90WE0316A Kampala THE NEW VISION in English  
8 Aug 90 p 4

[Excerpt] Last week, the Director of the AIDS Control Programme, Dr Samuel Okware, repeated a number of alarming statistics about the spread of the HIV virus and AIDS in Uganda when speaking to a workshop at Uganda Breweries (THE NEW VISION, August 2, P1).

The statistics are alarming. Up to one million Ugandans are infected with the HIV virus. There are approximately 50,000 new cases each year. Between 15 and 14 percent of women attending ante-natal clinics in Kampala are HIV-positive. The rate of infection among women in Rakai is even higher at almost 35 percent. Women are slightly more hard-hit than men with 47 women dying of AIDS for every 53 men. Roughly 30 percent of children born to positive mothers are HIV-positive. Among prostitutes, positivity can be as high as 74 percent.

Although Dr Okware did not say so, every part of the country is affected. The positivity rates in central and western Uganda are higher than elsewhere but HIV has already spread to the north, north-east and north-west of the country, especially in the towns. [Passage omitted]

### 1 Million Believed Infected With HIV

90WE0328A Helsinki HELSINGIN SANOMAT  
in Finnish 18 Aug 90 p 2

[Article by David Musoke: "AIDS Spreading Like Wild-fire in Uganda"—first paragraph is HELSINGIN SANOMAT introduction]

[Text] The country is now responding openly to the epidemic and is waging a prevention campaign to change people's behavior.

According to doctors and health-care workers, only a few people in Uganda have changed their sexual behavior, despite the fact that more and more people are aware of the danger of immune deficiency, or AIDS.

"If people don't change their behavior, which exposes them to infection with HIV, it may still be a long time before we get to reap the harvest of the anti-AIDS campaign," Dr. Sam Okware, the director of the ACP [expansion unknown] project, established to prevent the spread of the disease, said.

"A way of curing the immune deficiency or a vaccine to prevent it must be found soon; otherwise countless people will die," Okware went on.

The largest number of confirmed cases of immune deficiency in Africa is in Uganda. It is one of the few African countries that have begun to respond openly to the AIDS epidemic.

### A Million Infected

Uganda's first cases of AIDS were confirmed in 1982. Since then, over 12,000 people suffering from the disease have been recorded, and it is estimated that a million Ugandans have been infected with the HIV virus.

The Ugandan Ministry of Health has received financial support and material assistance from the World Health Organization and other United Nations organizations. The ministry has launched an extensive public information campaign in the news media, the object of which is to prevent the spread of AIDS.

According to medical experts, however, the number of confirmed cases is doubling at half-year intervals, and the situation is getting worse.

Ugandan President Yoweri Museveni has made the anti-immune deficiency campaign the top priority. He has said that the civil war and political unrest that went on throughout the past decade provided the opportunity for a relaxation of moral standards and the spread of AIDS.

On nearly every occasion he has had to speak in the different parts of the country, the 46-year-old Ugandan leader has appealed to young people to refrain from premarital relations.

In June the Ugandan Parliament tried to radically change people's behavior by passing a law that prohibits premarital relations. At the same time, prostitution was made a crime.

Furthermore, the law raised the minimum marriage age from 14 to 18. Rape of a woman under age 18 results in a death sentence, and rape of a woman over 18 to a life sentence.

With the aid of UNICEF, the UN children's aid fund, the Ugandan Education Ministry has been conducting a compulsory education program in elementary and middle schools that tells children about the AIDS epidemic and how they can avoid infection.

Private organizations and religious groups have also joined the anti-immune-deficiency campaign.

### Free Blood Test

Religious leaders are urging couples planning to get married to be tested for AIDS first to be sure that neither of them has been infected before they tie the lifelong knot.

The ACP has opened an advice office in downtown Kampala, the capital, where anyone who suspects he is infected may go for a free blood test.

An adviser at the support organization for those suffering from AIDS said that it is difficult for Ugandans to talk about their sex life. This is one reason it is hard to change their sexual behavior.

He remarked that this is not easy, although, according to the old saying: "To get rid of an old habit, you have to start a new one." "It takes a while for many of our clients to adjust to the idea."

Nevertheless, they have no intention of abandoning the advice office.

"We're doing everything in our power to get everyone who comes to us to change his behavior. We provide him with the necessary information and go over his fear and anxiety with him."

## ZIMBABWE

### Statistics Show AIDS Cases Increasing

90WE0290 Harare THE HERALD in English  
19 Jul 90 p 1

[Text] Another 777 AIDS cases, with 181 of them in children up to the age of four, were reported by the Government yesterday, bringing Zimbabwe's AIDS total by the end of June to 3,134.

The latest figures are for the second quarter of this year, which ended on 30 June. A total of 725 cases were reported for the first three months.

The statistics, released by AIDS Programme Control Co-ordinator Dr Marowa, said 229 of the sufferers were in the 20 to 29 age group and 231 were in the 30 to 49 bracket.

A breakdown for all age groups said 349 were women and 421 were men. The sex of the 7 others was unspecified.

**AIDS Treatment By Traditional Chinese Medicine Studied**

90WE0227A Beijing RENMIN RIBAO [PEOPLE'S DAILY] in Chinese 17 Apr 90 p 4

[Article: "AIDS Treatment by Chinese Medicine Attracting Wide Attention from Chinese and Foreign Medical Experts, "Miracle Weed"-Extract Exhibits Unique Antiviral Activity"]

[Text] Shanghai (XINHUA)—Ma Zhongxue [5594 0112 1331], a 34-year old medical doctor specializing in Chinese medicine recently proposed a timed circulation-promoting combination therapy, utilizing traditional Chinese medicine to treat acquired immune deficiency syndrome (AIDS). This new approach has attracted much attention from Chinese and foreign medical experts.

In his paper presented at the annual meeting of the Chinese International Human Resources Development and Transcultural Research Association, which closed on the ninth this month at Shanghai, Dr Ma Zhongxue of the Beijing Acupuncture and Chiropractic Institute reported that because of the complicated symptoms of AIDS and its debilitating nature, there is not a single treatment that can deal adequately with the many manifestations of AIDS. He therefore devised a traditional Chinese medicine therapy, packaging medications, acupuncture, steam treatment, massage, diet treatment, psychological consultations and bath treatment, to restore immune responsiveness in the patients. He termed this approach "Chinese Traditional Medicine Timed Circulation-Promoting Combination Therapy."

Dr Ma has been studying applications of traditional Chinese medicine in AIDS treatment for several years. His research team is conducting experiments with HIV samples obtained from the Pasteur Institute in France. He explained in his paper, entitled "Case Analysis of Traditional Chinese Medicine AIDS Treatment Trials and Outlook for Its Application in Clinic Use," that he based his combination therapeutic system on the proven success of traditional Chinese medicine in curing digestive-tract disorders, cardiac illnesses and tumors.

His paper cited the satisfactory progress of AIDS patients receiving Chinese medicine combination therapy in trial cases conducted jointly by the National Chinese Medicine Research Institute with the Santa Barbara Oriental Medicine Institute in the United States and with Lincoln Hospital in New York. Therefore, he concluded that such treatments are gradually being recognized and accepted by Chinese and foreign medical researchers. He also mentioned in his report that an extract isolated from "Miracle Weed" [shen cao 4377 5430], a wild plant found in China, exhibited unique anti-HIV activity when applied to a patient's vagina or used as a mouthwash. The Chinese AIDS Screening and Diagnostic Center in Beijing is conducting further study on this extract.

**Mechanism of AIDS Treatment With Traditional Chinese Medicine**

90WE0227B Shanghai JIEFANG RIBAO in Chinese 16 Apr 90 p 7

[Article by Bei Runpu [6296 3387 3184]: "Four Possible Applications of traditional Chinese Medicine in AIDS Treatment"]

[Text] At present, about 230,000 people have acquired immune deficiency syndrome (AIDS) worldwide and another 10 million are infected with the AIDS virus, human immunodeficiency virus (HIV). Because effective medicines that cure AIDS are yet to be found despite intensive efforts, the possible therapeutic effect of traditional Chinese medicine against AIDS has attracted a great deal of attention and interest in many countries. According to an incomplete tally, research projects studying the possible application of the good medicines and wonderful drugs of Chinese medicine in AIDS and AIDS-related complex (ARC) therapies are underway in no less than 16 countries today. The promising results of Chinese medicine in AIDS treatment as observed by over 1,000 clinical investigators have been documented in some 1,200 research papers.

To sum up, it is believed that traditional Chinese medicine can exert a tremendous impact in controlling the spread of AIDS in the following four ways:

1. Stimulate the Activity of T Lymphocytes: T lymphocytes are the frontline soldiers of the human immune system. The reason that AIDS is so ghastly a disease is HIV's ability to enter T-4 cells directly and to replicate and proliferate in them. The T-4 cells are so severely impaired that they die in large numbers, leading to the collapse of the human immune system. Therefore, in the international medical community, physicians frequently use the T-4 cell count as a gauge to measure the seriousness of the symptoms, to monitor the status of the immune system and as a reference to forecast the possible courses their illnesses might take. Clinical studies have shown that a combination therapy of Chinese medicine formula for strengthening the body resistance to consolidate the constitution with agents like decoction of 10 powerful tonics and pills of eight-flavored Chinese foxglove root and prescription for promoting blood circulation by removing blood stasis, using medicines such as pink decoction of four ingredients and fibraurea and tree peony bark decoction can significantly raise T-4 cell counts and their activity in AIDS patients. In addition, clinical findings show that licorice root and minor decoction of bupleurum can restore human T-4 cells to health as well.

2. Attack and Eliminate HIV: A study conducted at Florida State University in the United States showed that KS-7, a material isolated from five-needle pine cones, has a 70-90 percent inhibitory effect on the replication of HIV. In addition, a disulfoxide derivative extracted from *purpurea cirsum*, an ingredient of traditional Chinese medicine, has been tested at the Davis

campus of the University of California as a possible antiviral agent and the results looked promising. Furthermore, medical researches and clinical trials carried out abroad have discovered that ginger root, garlic extract, arctium fruit, green chiretta, ragwort, ricin and ternate buttercup root used in Chinese medications are effective, to various degrees, in killing HIV. Active components from these plants are currently under further evaluation.

**3. Alleviate AIDS Symptoms and Extend Patients' Lives:** Many of the AIDS patients who have been diagnosed and treated following Chinese medical therapies and practices and who have received sustained Chinese medications have reported improved clinical signs such as increased appetite, reduced fever, weight gain, cessation of diarrhea, shrinking of tumors or lymph nodes, and better blood counts; some of the study subjects have regained enough energy to return to work. According to a report from the United States, a group of 26 homosexual partners had contracted AIDS, one after another, and 25 of them had died within a span of 3 years. One person from this group, mainly because he has been persistently taking Chinese medications for cure, has

become the sole survivor. He has outlived all his other late partners for more than 5 years and is going strong; he is back in his job.

**4. Prevent the Onset of AIDS in HIV-infected Persons:** The effects of Chinese medicine in HIV-infected persons who have not yet developed AIDS symptoms have been investigated in a certain area in Africa. This study shows that 1 percent of the study subjects who had been given preventive treatment progressed to the full-blown disease after 1 year under observation, compared to 8 percent in a control group which had not received any treatment. Physicians in the United States also have observed unique inhibitory effects against the onset of AIDS symptoms in pre-AIDS-condition persons receiving extended administration of pills of *Anemarrhena*, *Phellodendron* and *Rehmannia*. A possible explanation here is that the immune system is bolstered by the therapeutic effect of tonifying the kidney and invigorating the spleen, regulating the 'qi' and blood and balancing the 'yin' and 'yang' of the drug; that it is able to inhibit the replication of HIV and fight off the onset of AIDS symptoms.



**AUSTRALIA****AFP Reports on AIDS Cases, Death Toll**

*BK3108123590 Hong Kong AFP in English 1147 GMT 31 Aug 90*

[Text] Canberra (AFP)—Almost 2,000 Australians have contracted AIDS since 1983, according to statistics released Friday.

The Australian HIV surveillance report said that as of July 13 this year, 1935 men and 60 women had acquired immune deficiency syndrome (AIDS), which robs the body of its ability to fight disease.

The total number of deaths from AIDS had reached 1,207—1,169 men and 38 women, it said.

The report said the highest incidence of AIDS was recorded in men aged 30 to 39 and in women aged 20 to 29.

Nearly 90 percent of the AIDS cases were attributed to homosexual contact between men, the report said.

**SOUTH KOREA****Seven More People Infected With AIDS Virus**

*SK3108140790 Seoul YONHAP in English 1359 GMT 31 Aug 90*

[Text] Seven more people, including one foreigner, have been confirmed to be infected with the AIDS (Acquired Immune Deficiency Syndrome) virus in August, bringing to 31 the number of AIDS patients newly reported this year, the Health and Social Affairs Ministry said Friday.

The number of AIDS patients found in Korea reached 104 since the first one reported in 1985.

Of them, 10 have died of the disease and 93 are under the government's special control while the other one was deported to his home country.

The number of AIDS patients has steadily grown since 1985. Four patients were found in 1986, nine in 1987, 22 in 1988 and 37 last year.

The Ministry predicts the number of AIDS patients would exceed 50 at the end of the year.

Meanwhile, the Ministry deported on Wednesday a 37-year-old foreign tourist, identified only as Mr. R, who was proved to be infected with the disease in a blood test at the National Health Institute.

**American AIDS Victim Expelled**

*SK3108021290 Seoul THE KOREA TIMES in English 31 Aug 90 p 3*

[Text] An American was expelled from the country Wednesday after he tested positive for the AIDS virus, the Ministry of Health and Social Affairs, said yesterday.

The man whose identity is withheld under the law is the second person to be deported from the nation so far this year because of infection with the human immunodeficiency virus (HIV), which causes the killer disease.

An official of the ministry's Preventive Medicine Division said the foreigner arrived in Korea on a sightseeing tour last June 10.

Health authorities were investigating any persons who had sexual contact with the alien, said the official, adding that he had visited Korea four times in the past.

He reportedly went into hiding after he was confirmed as "sero-positive" while undergoing treatment for his tonsils at the Asan Medical Center in Seoul.

Currently, foreign entertainers and athletes wanting to stay for 91 days or more to make money are required to take an AIDS test.

But aliens are exempted from the mandatory HIV-screening if they are accompanied by their spouse.

The number of Koreans infected with the HIV has topped 100, according to official figures.

**PHILIPPINES****Increase in AIDS Cases**

*90WE0276A Rangoon THE WORKING PEOPLE'S DAILY in English 21 Jun 90 p 8*

[Text] Manila—AIDS is sweeping the Philippines at an alarming rate, according to the country's Health Ministry.

On average of two new cases of AIDS were registered in the Philippines each month last year, while the average figure now is four new cases of AIDS a month.

Manuel Dairit, Director of the Programme for Combatting AIDS, said that 172 cases of AIDS have been registered in the Philippines. Thirty-one people have been hospitalized and 141 are HIV-infected. Twenty patients died. People in the risk groups constitute the main danger for those around them, Dairit said.

The pace of the spread of AIDS in the Philippines is largely due to social causes. Because of poverty and lack of jobs, many young girls are driven into prostitution. A large number of brothels are situated close to US military bases in Olongapo and Angeles. The biggest number of AIDS cases are registered in those cities.

## THAILAND

### Concern Rises in Chonburi Over AIDS

90WE0314A Bangkok *BAN MUANG* in Thai 30 Jul 90  
pp 1, 20

[Excerpts] [Passage omitted] Dr Sonchai Watana, an expert in treating and preventing disease in the Chonburi Province Public Health Office, after taking part in a seminar on 29 July in the town of Pattaya in Chonburi Province concerning coordinating efforts to control AIDS with family planning efforts, revealed that there were a total of 1,181 people with the AIDS virus in Chonburi Province and there was one with the complete AIDS symptoms. [passage omitted] There were 20 with the AIDS Related Complex, and there were 1,160 with the AIDS virus who showed no symptoms. Those with the AIDS virus were found in all the districts, but most were in the munipicle district where there were 430 cases. These were primarily the result of drug addiction, 66 percent, and sexual relations, 30 percent, while four percent were from blood transfusions, babies acquiring it from their mothers, and unknown causes.

Dr. Sonchai said that public health officials still did not have the weapons at hand to eliminate the AIDS virus and therefore the best way to control AIDS was to procede with health education and public relations. [passage omitted]

Dr. Sonchai also said that even though they had tried to conduct a public relations campaign concerning AIDS directed toward people in all walks of life, nevertheless the number of people with AIDS in Chonburi had not dropped but had continued to climb steadily. In any case the World Health Organization estimated that in 1996 Thailand would have about 1.2 million people with the AIDS virus. Chonburi Province was concerned about the battle against AIDS because if nothing were done it might end up with the AIDS cases the World Health Organization predicted. If that happened it would have 10,200 people with AIDS in 1996, which was a very alarming figure. [passage omitted]

### Drug Treatment Program Successful

BK0208014790 Bangkok *BANGKOK POST* in English  
2 Aug 90 p 3

[Text] The Public Health Ministry yesterday announced that 84 percent of drug addicts treated by the Government's first rehabilitation centre had been cured.

During a press conference at Thanyarak Hospital yesterday, Assistant Public Health Minister Prasong Bunphong and hospital director Thongchai Un-Eklap also said the ministry had been closely following AIDS since the first fullblown case was discovered in 1984.

They said most cases of the deadly disease used to be found among homosexuals but since 1988 statistics show that some 40 percent of AIDS cases were intravenous drug addicts.

The three rehabilitation centres at Thanyarak Hospital, each with 60 beds, can treat drug addicts for one or one-and-a-half years, they said.

Drug addiction patients and their families are also taught about AIDS and how it is spread. Advice on medical treatment and social problems are also given.

Thanyarak rehabilitation centre, they said, is the first of its kind run by the Government.

### AIDS, Drug User Update

90WE0313B Bangkok *MATICHON* in Thai  
2 Aug 90 p 22

[Text] On the morning of 1 August at the Thanyarak Hospital, Dr. Prasong Bunphong, the deputy minister of public health, and Dr. Thongchai Un-ekkalap, the director of this hospital, issued a joint statement on AIDS among drug users. They said that since 1988, the incidence of AIDS has increased 69.8 percent among intravenous drug users. The department has begun using community-type drug rehabilitation methods and has established three rehabilitation centers. This treatment has been effective in curing 84 percent of the drug addicts of their drug habit, which is an excellent result. At the Thanyarak hospital, Dr. Thira Rammasut, the director-general of the Department of Communicable Disease Control, said that data on AIDS victims as of 31 July show that there are 8,403 AIDS carriers in the central region, 1,899 in the south, 1,320 in the northeast, and 955 in the north. Based on an evaluation of the AIDS control efforts during the past six months, it has been found that the number of drug addicts with AIDS has increased only five percent. This shows that drug users know how to protect themselves. Among prostitutes, the number of AIDS cases has doubled. Dr. Thira said that efforts are being made to persuade more men to use condoms through questions by prostitutes and brothel owners.

### Health Ministry Reports Number of AIDS Carriers

BK2108114690 Bangkok *Domestic Service* in Thai  
1200 GMT 19 Aug 90

[Text] The permanent secretary of the Public Health Ministry, Dr. Somsak Worakhamin, reported that at present there are 266,098 AIDS carriers spread throughout 157 countries worldwide. America has the highest number, while Asia the smallest number. The AIDS virus is rapidly spreading as several countries are trying to find medicine to cure AIDS. In Thailand, 20,218 people tested positive with the AIDS virus. Of this number, 16,790 are male and 3,428 female. Two of the women are prostitutes. [as heard] Men patronizing prostitutes are alerted and are advised to use condoms.

**700 Infected With AIDS in Southern Provinces**

*BK0609015790 Bangkok BANGKOK POST in English  
6 Sep 90 p 13*

[Text] Some 700 people have been found to be infected with the AIDS virus in Surat Thani and Songkhla provinces, according to latest statistics from the Public Health Ministry.

Surat Thani's health chief Charoen Bunchai said 300 people had been tested positive in HIV blood tests in the province, with Muang District having the highest number of AIDS carriers, followed by Koh Samui District.

Intravenous drug addicts were the largest group among the HIV-infected people, followed by prostitutes. "One in every 50 service girls in Muang District was tested positive," he said.

"We appeal to government officials, state-enterprise employees and ordinary citizens to stop frequenting brothels or seeking any sexual services," he said.

Expressing his concern over the spread of the AIDS virus in Koh Samui District, Mr Charoen said the situation on the island was alarming because the number of AIDS carriers there was second only to that of Muang District.

Meanwhile, Deputy Public Health Minister Suthat Ngoenmun said after his inspection tour of Zone 12 Communicable Diseases Control office in Songkhla that 398 people had been found to be infected with the AIDS virus in the province.

Among the HIV-infected persons, prostitutes were the biggest group, followed by drug addicts and local fisherman.

Mr Suthat said that despite a vigorous campaign against AIDS, the ministry was still facing problems in checking the spread of the virus among fishermen and prostitutes. The first group usually frequents brothels without taking any precautions when they come ashore.

To solve the problem, health officials are coordinating with the Fishery Department's radio centre to educate fishermen and sailors about AIDS through radio programmes.

**Impact of Proposed AIDS Law, Statistics Noted**

*90WE0313A Bangkok SIAM RAT SAPDA WICHAN  
in Thai 29 Jul 90 pp 33-35*

[Text] A draft AIDS bill will soon be submitted to parliament for consideration and promulgation as law. This bill calls for the establishment of an AIDS Control Committee and an anti-AIDS fund. It contains measures for controlling this disease and stipulates the rights of those who have AIDS and who are suspected of having the disease. It also stipulates penalties.

**Why Does This Bill Have To Be Submitted?**

Statistics compiled in July 1990 show that 19,292 people have the AIDS virus. Of these, 138 have begun exhibiting symptoms, and 45 have the disease. These are official data based on surveys. But the Epidemiology Division estimates that there are approximately 50,000 people with the AIDS virus. This indicates that it will be difficult to stop the spread of this disease, which is now spreading like a forest fire.

Mr. Suthat Ngoenmun, the deputy minister of public health, said that the important feature of this draft law is that this will help AIDS victims, because there is no law to protect AIDS carriers. This draft law will also establish a welfare fund for AIDS victims. Besides this, AIDS victims will be looked after by the government. They will be able to live in welfare centers established by the government. The draft law will also prohibit the disclosure of private information about AIDS carriers.

Besides this, this draft law also contains the following provisions:

Article 38 prohibits those responsible or hospital officials from refusing to treat AIDS patients or people suspected of having AIDS unless they have good reason or the patient is not yet in a life-threatening state.

Article 39 states that if the patient is pregnant, she has the right to ask doctors to perform an abortion. At least two doctors must agree on the suitability of this.

Article 40 prohibits employers from dismissing an employee who has or who is suspected of having AIDS unless the employee is engaged in work that could spread the virus.

Mrs. Yenchit Raphiphat, the chairman of the Subcommittee on Women's and Youth Affairs, approves of this draft law. She said that stipulating places where AIDS carriers can live is meant to benefit the other tens of millions of people in the country.

"There are still sections of this draft law to which I am opposed. But if this bill is not passed, the activities of the various units will not be focused on the same target," said Mrs Yenchit to SAPDA WICHAN.

**Opposition Disagrees, State Power Will Infringe on Individual Rights**

Article 24 gives officials the authority to require those who have or who are suspected of having AIDS to come for an examination and receive treatment as stipulated. And they will have to obtain permission from officials if they want to move to another place for more than a month or travel abroad. If they violate this provision of the law, they could be fined up to 5,000 baht in accord with Article 59. The 87 people and 43 organizations that oppose this feel that this violates people's rights, because AIDS victims are not prisoners or criminals.

Articles 25 and 26 state that officials have the authority to require AIDS carriers to come for an examination and treatment, and they can be restricted to certain zones or prohibited from entering zones. They can also be prohibited from engaging in any activity that could spread the disease.

"Besides violating people's rights, these articles will not achieve anything in controlling AIDS. If this law is promulgated, people won't dare have their blood tested out of fear of this law. Those with AIDS will definitely not obey this law, because they won't want to risk being incarcerated," said a representative of a private development organization.

Articles 27 and 28 stipulate that provincial governors and the director-general of the Department of Communicable Disease Control have the authority to detain AIDS carriers at a welfare center within 60 days for up to 180 days. If there are grounds for detaining them longer than that, they can request permission from the Appeals Committee to detain them for up to 60 more days. And a request can be made to detain them for another 60 days for a total of 180 days. If the person flees, he or she could be sentenced to up to 1 year in jail or fined up to 20,000 baht.

"In short, a person can be detained for up to 360 days without a trial. AIDS victims are already suffering a terrible fate. They should be shown some sympathy and allowed to live a normal life. They should not be subject to harsh measures. That will just add to their suffering. And nothing will improve," said an opposition representative.

Besides this, Article 21 states that officials can order people in high risk groups, such as drug addicts, prostitutes, and sexually promiscuous people, to go for examinations.

"Actually, there are no high-risk groups anymore. Today, everyone is equally at risk. Focusing on certain groups is very frightening," said Nithi Ieosiwong.

Focusing on certain groups will lead people in general to think that there is no danger of their contracting this disease. But the truth is, everyone is equally at risk. This includes playboys and housewives, who may contract the disease from their husbands.

#### **What Would Be a More Effective Way To Deal With This?**

"What is necessary is social and cultural understanding on our part that will give rise to measures that will motivate people to want to help control this disease. This includes educating people about how to deal with patients, both physically and mentally, and with their relatives. The focus should not be just on frightening people. It is important to generate feelings of love," said Professor Nithi Ieosiwong concerning the importance of information and data.

A second factor is the mechanism in identifying patients. The focus must be on doing things voluntarily, including getting blood tests and so on. And it is important to maintain confidentiality.

"If we focus on getting people to do things voluntarily, it won't be necessary to promulgate this law. As for the good aspects, these can be promulgated as ministry regulations," said Professor Nithi.

A third important point concerns medical treatment. Besides treating AIDS patients, their families and friends must be treated, too. Thought must be given to what can be done to make these people happy and to how they can be of use to society. Fourth, it's possible to give people a sense of responsibility if society helps them. Finally, emphasis must be placed on conducting studies and trying to understand all dimensions of this disease, not just the medical dimension.

"I think that because Thai politicians were under the thumb of the military for so long, now that they have power, they are used to solving problems by exercising power. Using raw power by promulgating this law will not succeed. It will probably take time for politicians to realize that state power alone cannot solve complex problems like the AIDS problem," said Professor Nithi in conclusion.

#### **TB Incidence Connection With AIDS**

*90WE0313D Bangkok THAI RAT in Thai  
1 Aug 90 p 10*

[Text] Dr. Pralom Sakuntanat, the deputy clerk of Bangkok Metropolitan, Dr. Thira Rammasut, the director-general of the Department of Communicable Disease Control, and Dr. Kowit Wongphanit, the director of the Department of Health, issued a joint statement on organizing an Anti-Tuberculosis Week. This will be held at The Mall Trade Center at Ramkhamhaeng during the week of 7-14 August. Dr. Pralom said that TB is still the fourth leading cause of death among Thais, and of all communicable diseases, TB is the leading killer. The number of people who contract TB increases every year. But only about 60 percent of the people who contract TB come for treatment. The remaining 40 percent do not seek treatment. This could spread the disease to others. Thus, Bangkok Metropolitan must take action on this.

Dr. Thira Rammasut, the director-general of the Department of Communicable Disease Control, said that about 40 percent of Thailand's population, or about 20 million people, have come in contact with the tubercle bacillus. But because most people have built up an immunity, only about 1.5 million people have actually contracted the disease. About 30,000 people come down with this disease each year. The death rate from TB is about 8 per 100,000 people. Today, the various regions of the country all have about the same percentage of TB patients. But it is thought that Bangkok Metropolitan has the lowest TB rate in the country. Other areas where incidence is low is in the urban areas of the various

provinces. Incidence of TB is much higher in the rural areas. "What is worrisome is that AIDS is now spreading rapidly. This disease could lead to another outbreak of TB, because people with AIDS lose their immunity. Thus, the Ministry of Public Health will join with Bangkok Metropolitan in fighting TB."

Dr. Kowit added that there are presently about 12,300 TB carriers in Bangkok Metropolitan who can transmit the disease to others. But only about 8,000 have come for treatment. Thus, Bangkok Metropolitan is trying to inform people of the dangers of this disease. And it is looking for a way to prevent this disease. Exhibits will be set up at all 59 public health service centers in Bangkok Metropolitan. At the same time, free TB examinations are being offered at the TB Department, the Bangkok Metropolitan public hall, the Suang Ok and Yot Se hospitals, and other places.

### Prostitutes Surveyed on AIDS Knowledge

90WE0313E Bangkok *DAILY NEWS* in Thai 5 Aug 90 pp 1, 10

[Excerpts] [passage omitted] Professor Somsak Worakhamin, the under secretary of public health, told reporters that the Ministry of Public Health is now making an effort in various provinces throughout the country to prevent AIDS. [passage omitted]

Dr. Somsak said that officials conducted a study to determine the knowledge and views of prostitutes concerning protecting themselves from contracting AIDS and the steps, if any, that they have taken to prevent spreading this disease. The study was conducted among a group of prostitutes in one province using interviews and questionnaires. The study showed that the average age of the prostitutes was 21, and most were from the north. Forty-five percent had completed Grade 6. The respondents had been working as prostitutes anywhere from one month to two years. Each girl had sexual intercourse an average of nine times a day and used a condom an average of seven times. [passage omitted] (From a survey of 158 prostitutes from 13 offices.)

The under secretary of public health said that almost all of the prostitutes surveyed knew about or had heard reports about AIDS from various sources. More than half knew what the symptoms of AIDS are. But most mistakenly thought that once a person contracts the disease, he or she will immediately show symptoms. Eighty percent knew that AIDS can be transmitted through sexual contact, and 85 percent knew that AIDS can be prevented by using a condom. Sixty-five percent knew that there is presently no cure for this disease, and 50 percent knew that this disease is always fatal. Seventy-three percent did not believe that using a condom will really prevent this disease even though they were aware that condoms can prevent AIDS.

Thus, what they believe is not in line with what they know. Eighty-eight percent think that once a person has contracted AIDS, that person should stop earning a

living as a prostitute. But only 41 percent said that they intend to do that. Things were somewhat better with respect to prevention. That is, 74 percent said that they would recommend that their customers use a condom, 55 percent said that they will get an AIDS examination every three months, and 43 percent said that they will not allow themselves to become pregnant. These prostitutes have some knowledge about AIDS. The spread of this disease by both themselves and their customers can be prevented if they are given more knowledge about this. They have been reports that some prostitutes must serve as many as 29 customers a day. That is very dangerous. [passage omitted]

### Rayong AIDS Cases, IV Drug Use

90WE0314B Bangkok *NAEO NA* in Thai 1 Aug 90 p 5

[Excerpts] [Passage omitted] Mr. Suchat Thamamongkhon, the governor of Rayong Province told *NAEO NA* that: "In Rayong Province we have discovered about 320 people with the AIDS virus just among those we have examined. We expect that there are many more among those we have not examined," Mr. Suchat said.

Rayong Province is within the area of the Eastern Seaboard Development Project or the Eastern Seaboard Project. This development was intended to create a new industrial area (NICS).

In addition the governor explained about the spread of AIDS. He said that one cause was the sharing of needles among intravenous drug users and that most of those who acquired AIDS in this way were young people and laborers. [passage omitted]

### Phayao AIDS Cases, Drug Addicts

90WE0314C Bangkok *DAILY NEWS* in Thai 8 Aug 90 pp 1, 13

[Excerpt] [passage omitted] Dr. Supchai Saison, a public health doctor of Phayao Province disclosed concerning AIDS that a survey on 25 July 1990 discovered 505 people in Phayao Province with the AIDS virus. Those examined had come to be checked for venereal disease and included husbands, wives, prostitutes, pedicab drivers, students, soldiers, police and 300 defendants under detention of whom 50 percent were prostitutes and more than 40 percent were drug addicts who shared needles. How the others contracted the disease was not known. The other 205 cases involved prostitutes who had contracted the virus elsewhere and had been sent back to their native area.

Dr. Supchai said that the symptoms of AIDS victims could be divided into three stages. Those in the first stage displayed no symptoms and appeared to be normal; they would show symptoms in four to seven years, and then they would be in the second stage. Those in the second stage would live another three to four years without serious symptoms. In the third stage or A.R.C. the victims displayed enlarged lymph glands, diarrhoea and

various other complications. At this point the symptoms were much more severe than they would be for a normal person because the victim lacked resistance. In the end the victim would die. The AIDS victims in Phayao Province had not reached the ARC stage, and there were only two in the second stage. The fact that there were no victims in the ARC stage was felt to be one reason why some who were promiscuous were not afraid of contracting AIDS - they had not seen the terrible state of those in the ARC stage. [passage omitted]

### Anti-AIDS Measures, Addicts by Region

90WE0314E Bangkok SIAM RAT in Thai  
2 Aug 90 pp 1, 2

[Excerpts] [passage omitted] Mr. Suchat Mongkhonphan, director of the Office of Atomic Energy for Peace, revealed that irradiating blood had seen widespread use. The irradiating equipment was nearly as small as a refrigerator. It could be used to irradiate blood in pouches to destroy the white blood cells. With this procedure no heat or other process was needed. At present more than 250 blood irradiating devices had been set up in the United States, and they were being produced at the rate of 50 per year.

Mr. Suchat also said that the AIDS virus and the hepatitis virus, which might be present in blood donations, could be eliminated by irradiation. This technique for eliminating microbes in blood donations could only be employed when only the red blood cells were to be used. It could be used on red blood cells which were frozen or dehydrated in order to render them free of viruses. Irradiating blood was felt to be a method which would create confidence both with those processing the blood and those receiving the blood and would reduce the risk of infectious disease among patients who lacked resistance.

Dr. Thira Ramsut, director of the Department of Communicable Disease Control, yesterday (1 August) at the Thanyarak Hospital said of the problem of AIDS among drug addicts that as of 31 July the data on those with AIDS indicated that drug addicts with AIDS were distributed throughout the country. The central region had the most with 8,402 cases, the South had 1,899 cases, the East had 1,320 cases and the North had the least with 955 cases.

As for the percentage of AIDS victims who were drug addicts in each region, it was found that 84 percent of the AIDS victims in the South were drug addicts, in the central region 83 percent were drug addicts, in the East 75 percent were drug addicts, in the Northeast 42 percent were drug addicts and in the North 29 percent were drug addicts.

The percentage of AIDS victims who were prostitutes in each region was: 40 percent in the North, 23 percent in the Northeast and less than 10 percent in the other regions.

The director of the Department of Communicable Disease Control also said that their evaluation of the battle against AIDS for the last six months (December 1989 to June 1990) indicated that the incidence of AIDS infection among drug addicts had increased from 41 to 46 percent - the incidence had increased just five percent in six months, which indicated that this group had learned fairly well how to prevent AIDS infection. Among female prostitutes it was found that the incidence of AIDS infection had increased from 3.5 percent to 6.8 percent or had almost doubled. It was also found that among promiscuous men who had venereal disease the incidence had increased from 2.7 percent to 3.3 percent.

Dr. Thira said that the percentage of drug addicts with AIDS in 1986 was 27 percent, in 1987 was 71 percent, in 1988 was 89 percent, in 1989 was 66 percent and in the first half of this year was 52 percent. [passage omitted]

### Official Optimistic About AIDS Trends

90WE0314F Bangkok DAILY NEWS in Thai 2 Aug 90  
pp 1, 21

[Excerpt] [passage omitted] Professor Dr. Somsak Warakhamin, an Undersecretary of Public Health, after having presided over the ceremony ending a seminar in Chonburi Province on coordinating efforts to control AIDS with family planning efforts, told reporters that the AIDS situation in 1990 had in fact improved over that of 1989. In 1989 more than 10,000 people were discovered to have AIDS who showed no symptoms. In 1990 there have been only 3,000 new cases reported. In 1989 there were 40 more cases of people sick with AIDS while in 1990 there have been only six more. All factors indicated improvement. In its efforts to control AIDS the Ministry of Public Health had cooperated completely with private groups. There were not more than 30,000 people with the AIDS virus.

Dr. Somsak also said that in March 1990 officials of the World Health Organization came to Thailand and surveyed the incidence of AIDS among the Thai people. They estimated that there were not more than 35,000 AIDS cases. Other estimates have been as high as 60,000 cases or 700,000 cases. Those estimates were made by applying the mathematical rule of three to figures derived from examining more than 1.5 million people in high-risk groups. They discovered 19,000 people with AIDS who showed no symptoms. If this rate were multiplied by our population of more than 50 million, the figure for AIDS victims would be as large as those other estimates. The 1.5 million people we examined were drug addicts, prostitutes and gays etc. If they were used to represent the average person, the result would not be accurate.

He said that Thailand might be the only country in the world which released a figure for those with the AIDS virus. Other countries generally have kept these figures secret and been unwilling to release them for fear of hurting their tourist image. He did not know of other countries which did as Thailand did. Generally each

country just mentioned those sick with AIDS. We were in 11th place in Asia about even with Malaysia; we dared to say this because we were speaking on the basis of scientific principles and epidemiology. When we spoke of the number of people with AIDS, we did not want people to be afraid; we wanted people to be careful not to get AIDS from being promiscuous. If we had been silent and not said anything about the AIDS situation, it would have been more dangerous because the people would not have known about the problem and would not have used condoms when they were promiscuous. This was one reason we had to inform people all about the AIDS situation in Thailand.

## VIETNAM

### AIDS Prevention, Control Program

*BK2808041690 Hanoi VNA in English 1440 GMT  
27 Aug 90*

[Text] Although no case of HIV infection or AIDS has been detected in Vietnam so far, a medium-term program is being prepared with the recommendations of the World Health Organization (WHO).

Vietnam is among the 11 out of 38 countries in Asia and among the 22 out of 181 in the world still unaffected by AIDS.

But with the increasing number of Vietnamese going abroad and foreigners entering the country, and the spread of prostitution the danger of HIV infection and AIDS morbidity is real.

An AIDS Committee headed by Professor Hoang Thuy Nguyen was established in 1987 under the Ministry of Public Health. But it was not until 1989 that prevention and control was given a fillip in the form of a short-term program within the framework of the WHO-sponsored global program on AIDS.

With the assistance of WHO and the Pasteur Institute in Paris, laboratories for HIV diagnosis have been set up in Hanoi, Haiphong, Hue, Danang.

These laboratories, in collaboration with the Pasteur Institutes in Paris and in Bangui, the Central African Republic, and the Swedish National Biological Laboratory, have tested more than 43,200 blood samples taken from high risk groups population centers: Hanoi, Haiphong, Danang and Ho Chi Minh City. All the tests were negative.

A National AIDS Committee will be founded soon to take charge of the program on AIDS prevention and control which is aimed at preventing HIV transmission and reducing the morbidity and mortality associated with HIV infection, and at education on AIDS-related problems.

In the context of the short-term program, a WHO-funded training course on the surveillance and clinical management of HIV infection was held in Hanoi from July 31 to August 3 for 36 doctors and chief nurses.

## POLAND

### Hospitals, Population Still Plagued by Poor Knowledge of AIDS Facts

90WE0240A Warsaw TYGODNIK SOLIDARNOSC  
in Polish No 21, 25 May 90 pp 12-13

[Article by Jan Strekowski: "Everything About AIDS: The More Rapidly the Disease is Spreading the Less We Know and Talk About it"]

[Text] The World Health Organization distinguishes among three kinds of AIDS epidemics: the first is AIDS proper, as yet incurable; the second is being a carrier of the HIV virus, which may cause the disease; and the third is the epidemic of fear, causing extensive irrational and often inhuman social behavior toward AIDS patients and virus carriers as well as toward homosexuals and drug addicts, who are thought to transmit the disease.

In Poland since the mid-1980's more than 750 cases of carriers of the virus and more than 30 cases of AIDS have been recorded. Nearly 20 persons died. This is little, compared with the more than 215,000 cases of AIDS in 152 countries recorded last January by the WHO and the estimated minimum of five million people infected with the HIV. However, the rise in infections in this country is disturbing.

The first "imported" case of the disease was recorded in 1986, and already in the preceding year the first cases of HIV carriers were recorded. In the subsequent years the number of detected HIV infections grew, from eight in 1986 through 32 new ones in 1987, 59 in 1988, to 518 in 1989. More than 3.5 million tests have been performed so far, and thus the number of patients and infected persons is proportionately greater, although neither they themselves nor the people around them are yet aware of this.

Another unfavorable trend is the considerable growth in the number of infected drug addicts. It was only in 1988 that the first instances of the presence of the virus in drug addicts were recorded, yet at present these addicts account for more than 60 percent of all cases of HIV detected so far. AIDS patients from that group account for 15 percent of the total; the reason for this low proportion is that the disease penetrated the drug addict milieu relatively late.

Still, this is a disturbing phenomenon. Homosexuals, who, along with hemophiliacs, were the first to fall prey to this disease in the United States and West Europe, have by now succeeded in mobilizing themselves and even in many cases to halt the spread of AIDS within their milieu.

Drug addicts are generally heterosexual and hence the disease spreads to both sexes, as well as to some of the children of carriers and patients. Thus, the AIDS

problem has become an issue of concern to the entire society, and the entire society must undertake the struggle against it.

The Council for AIDS appointed in 1987 by the minister of health to replace the Taskforce for AIDS existing since 1985 developed a program for the prevention and control of this disease in 1988-90. Many brochures (for physicians, barbers, and the broader public) were printed, along with flyers, one of which in the number of ten million copies, for distribution to all households, and several films about AIDS were produced. Since 1987 all blood donated by blood donors has been tested for the presence of antibodies, and since that time no new cases of HIV have been recorded among hemophiliacs, who previously used to get infected by infected blood. There already exists a sufficient number of tests, and there also are quick tests, and at one laboratory in this country, the Institute of Venereology of the Medical Academy in Warsaw, the tests are done anonymously.

Clinics and hospital wards for AIDS patients are operating in several cities. Social organizations such as "Plus—Solidarity Against AIDS," the "You Are Not Alone" Foundation, the recently registered Lambda, an association of homosexuals, as well as certain priests, clinics for drug addicts, and certain drug treatment centers, are providing assistance to patients and those infected by the virus.

The varieties of assistance named above, both those from the state and social ones, may be a lot compared with the scale of the already known extent of the disease, but they are too little to halt the spread of the disease and assure the care of all patients and those infected with the HIV in whom the virus has already been detected or will very soon be detected. They are likewise too little to halt that third epidemic, the epidemic of fear and intolerance of patients and infected persons, which is spreading the most rapidly and seizing many local communities in its grip.

It almost appears that neither information on the disease and on the means of its transmission, provided by experts, nor appeals for common sense, tolerance, humanitarianism, or Christian charity are reaching the people.

### Why Are Things So Bad?

What of it that ten million flyers were printed, considering that the postal service distributed only a small part of them? According to a poll conducted by Dr. Marek Kozak early in 1989, only 16 percent of families received these flyers and fewer than one-half of these bothered to read them.

Lack of interest in this problem is being displayed by physicians, even though the faulty information system is not without blame. Brochures for physicians reached only some of them, with the remainder getting stuck somewhere en route at ZOZ [health care centers] and other bureaucratic superstructures of the health service.



Hence the cases of refusal to treat virus-infected patients at clinics and hospitals, and even such inhuman behavior as the discharging of sick or beaten people from hospitals whose personnel learn that they are HIV carriers. A particularly cruel instance bears reminding: in June 1989 the ZOMO [Mobile Detachments of Citizens' Militia] left at the doorstep of a hospital on Stepinska Street a maltreated young man, a HIV carrier. The physician who examined his x-rays hurried so much to discharge him that he failed to notice injuries to the skull which on the following day were readily noticed by an ambulance-riding physician. As for the nurses, they threw bandages at the nearly unconscious young man, expecting him to bandage himself.

Hence also the fallacious (medieval, as it were) opinions of certain representatives of medical personnel, e.g., a nurse's comment at a session of the people's council in Konstancin that the disease is transmitted by air, mosquitoes, or squirrels.

A study, "Social Conditions Underlying AIDS," completed in 1989 by Drs. Zofia Slonska, Antonina Ostrowska, and Marek Kozak, indicates that Poles are aware that AIDS is a threatening disease (97 percent of responses), but a majority of the respondents did not distinguish situations in which infection is possible from non-threatening situations.

More than 50 percent fear infection from using the same tableware as AIDS patients, and 25 percent believe that the disease can be caught by shaking hands. Despite this shocking ignorance about AIDS, as many as 70 percent of the respondents refused to know more about it, believing that they already knew enough about it. Similarly, as many as 70 percent did not feel personally threatened, perceiving this disease as a problem only to certain social groups. According to a survey by Dr. Marek Kozak, 71.7 percent of the respondents consider AIDS to be among five greatest perils to mankind and 16.5 percent believe it to be the greatest peril, but only two percent believe that this disease may be the greatest peril to Poland.

Underestimation of this disease is also demonstrated by the fact that only 2.6 percent feared catching it and as many as 40 percent saw no such danger to themselves.

Such a perception of the disease promotes the pressure to isolate infected victims in the illusory belief that this would halt the spread of the disease. When asked by Dr. Kozak how to deal with infected victims, 38.7 percent of the respondents answered, "Isolate them."

The lack of knowledge about AIDS among physicians was confirmed by a poll carried out among the medical community in Lublin. Of 56 physicians working at clinical hospitals as many as 66 percent contended that the infection can be caught by kissing; more than 16 percent thought that it can be caught by sharing table cutlery; more than seven percent thought that it could be caught by shaking a patient's hand; and 3.6 percent, by staying in the same room with the patient.

The only consoling finding was, the three authors of these polls noted, that a majority of the physicians polled were opposed to segregating HIV-infected persons.

### The Perils

The state of sanitation at hospitals and other health service centers has reached its nadir. They treat patients like furniture that is in the way. The poorly paid personnel are not interested in the fate of the patients; they just do not care. And owing to manpower shortages, the cleanliness of rooms and equipment leaves something to be desired.

It is not without reason that in the public perception medical treatment is to be avoided, because it might not be survived by a healthy person. We keep hearing about people in hospitals who get infected by diseases transmitted by poorly sterilized equipment (jaundice caught from contaminated syringes) or poor care (pneumonia). There is a scarcity of protective and medical equipment, such as protective gloves (which this year are supposedly to be in abundant supply), syringes, and disposable needles—they are available in stores but health service establishments do not always have the funds to purchase them; there also are special paper strips with inscriptions to the effect that the equipment was properly sterilized. Although they are inexpensive, the authorities somehow are not eager to buy them or to activate their production.

Thus, the fears that infection with AIDS may be caught at hospitals and other health service centers are justified.

Another peril is, as demonstrated by the occurrences at Kaweczyn, Konstancin, and Gloskow, the growing institutional factors resulting in the subjective treatment of individuals and social groups. A new factor has also appeared as a result of the democratization and the recovery of feelings of civic self-worth by Poles, namely, the freedom to be a nay-sayer. This may sound like a paradox, but already at the threshold of its existence democracy has unleashed dormant social phobias.

This desire for self-realization and for making decisions without interference from "the top," combined with ordinary stupidity, ignorance, and fear, has resulted in an explosive mixture whose effect was the effective protests of local inhabitants against situating clinics or homes for HIV-infected persons in their communities.

Last fall one such clinic, established with substantial funds on Muranowska Street in Warsaw, had thus had to be closed. The then party-member mayor of Warsaw succumbed to the pressure of the neighborhood council and, as a result, the AIDS clinic is still looking for a new home. Its recent siting in the building of a hospital on Leszno Street also seems precarious in view of the protest by the neighborhood people, even though the building is located at a distance from residential buildings and locating the clinic there can in no way imperil the neighborhood (separate garbage utilization, etc.).

Last December several homeless HIV carriers settled down, with the consent of the Warsaw people's council, in a vacant house in Kaweczyn that was awaiting renovation. Shortly afterward they had to vacate the house, as it was constantly besieged by the local inhabitants.

Last February these homeless people ended up in another Warsaw suburb, Konstancin, in a building transferred to the Ministry of Health by the Ministry of Internal Affairs. There, too, the local inhabitants had protested, although there was no violence other than one attempt at arson. As soon as things quieted down at Konstancin, the inhabitants of Gloskow began to protest, demanding the shutdown of a local drug abuse treatment center which was allegedly sheltering HIV carriers. The protest grew to a huge scale; a nearby international highway was blockaded, and telephone communications and food deliveries for the center were cut off. The authorities, like almost everywhere else so far, gave in, although this time the center was not shut down and instead it was merely promised that HIV carriers would not be placed there.

#### How Do the Authorities Respond?

The position of the authorities, whether the old ones or the new ones deriving from Solidarity, in all such cases of conflict is perplexing, as are the position and measures taken by representatives of the old Administration (people's councils, the militia, the Ministry of Internal Affairs).

At least until recently, protesters were treated with a surprising gentleness. Militia were sent against demonstrators protesting in front of Congress Hall, where the very last congress of the PZPR had been held, yet neither the persons responsible for beating up an HIV carrier in Kaweczyn nor those responsible for blockading the center and highways in Gloskow were made accountable, although there they had violated several provisions of the Criminal Code.

Have the Solidarity banners under which the protesters camped out lost their panache, or was there another reason for the inaction and conciliatory stance of the procurature, the militia, the government, the Ministry of Health?

The motives of, e.g., the militia and the government cannot be equated. The former, which the public associates with the old [Communist] regime and branded by years of impunity, it is nowadays engaging in a kind of "strike Italian style," consisting in pretending work ("You wanted Solidarity. OK, so now you have it and let it preserve public order itself!"). It has moreover close ties to local authorities, which might benefit from the expulsion of the undesirable guests; for example, in Gloskow there are the palace, the hothouses, the more than 30 hectares of well-tended soil, and the fish ponds.

The situation of the government is more complex. As it happens, we are on the eve of elections to local self-governments which should fundamentally alter the political landscape of Poland. The protesters most often resort to slogans of self-government, democracy, and taking power into their hands. The government, given its already difficult situation in view of the increasingly burdensome economic reform and gradually losing its until recently broad popular support, has to reckon with these voices. But we shall not escape the disease by hiding our heads in the sand. While promising support and help for the victims, no resoluteness has been shown in defending them.

Many Poles moreover feel that the entire existing law system is bad and should be scrapped, and that the law is simply what agrees with the will of the majority. Any criticism of this view is treated as a voice from the past, from the old regime, or as a voice of the new nomenklatura, which is the old nomenklatura in new clothes.

At a plenary session of the Sejm on 24 March the Citizens' Rights Spokesperson Professor Ewa Letkowska pointed out, in her report on the activities of her office, that Poland is a country of "constitutional agnosticism." Neither the Constitution nor the international agreements ratified by our country (especially the treaties on the rights of man) are sufficiently rooted in the minds of the legislative and law enforcement bodies to make them a major factor influencing the actions of the machinery of state.

And this applies not only to the machinery of state.

Prof. Letowska declared, "A physician would certainly be surprised if, after he recommends that an illness of preschool children be identified, we tell him that he is violating the constitutionally safeguarded principle of respect for privacy."

The Citizens' Rights Spokesperson also pointed out that the destruction of civic awareness also affects the society, which, having until recently been treated paternalistically, is confused about its rights and about the dividing line between legally warranted claims and claims dictated only by one's own "menaced selfish interests."

It may be that the irresolution displayed by the authorities in face of the conflicts concerning HIV patients and carriers has been linked to the legal uncertainty inherent in the status of the carriers, and also to the scope of the laws within the competences of the local communities. But that "destruction of civic awareness" has certainly manifested itself in these conflicts.

These conflicts also drew our attention to the humanitarian aspects of the matter. Sick people should not, no matter what their illness, be discriminated against, excluded from the society, and expelled from school as happened in Wroclaw. On this issue are in agreement both the WHO and the Helsinki Committee in Poland which is collecting data on violations of the rights of man with respect to HIV patients and carriers.

Above all, however, these conflicts have elicited a response from the official circles, such as the Citizens' Rights Spokesperson or the Senate's Commission for the Rights of Man and Rule of Law, whose declarations in favor of the HIV carriers from Konstancin may signal a beginning in the application and presence of law. Then too there are the recent changes in certain restrictive regulations ensuing from the addition of AIDS in 1986 to the list of communicable diseases (e.g., compulsory hospitalization or attempts to test a patient without his knowledge), also in the case of persons ill with AIDS or infected with the virus causing that disease.

In Poland foreign applicants for university studies are required to be tested for AIDS. Foreigners already at the universities are exempt from this requirement. However, during the 1987/1988 all foreign university students were tested for AIDS. Six were found to have the HIV virus, but not one was expelled. Tests for the presence of anti-HIV antibodies are recommended for patients with sexually transmitted diseases, prostitutes (once every 6-12 months), homosexuals (once a year), drug addicts (once every 6-12 months), hemophiliacs (once a year), partners of infected persons (twice, at a 3-month interval), children of infected persons, and persons whose condition points to the possibility of the disease. All portions of blood from blood donors are tested. "Before donating blood, donors are expected to familiarize themselves with information on AIDS and, after reading it, they are expected to pledge themselves that they do not belong to any of the groups mentioned in the information (homosexuals, prostitutes, drug addicts, bisexuals, hemophiliacs, and foreigners—permanently disqualified from donating blood, while persons returning from Central and Western Africa, the United States, and West Europe, regardless of the duration of their trip, as well as persons subjected to tattooing or acupuncture and persons released from imprisonment are disqualified from donating blood for nine months—noted by J.S.). Persons belonging in any of the groups mentioned above should

not donate blood and, upon their familiarizing themselves with the above information, they should be enabled to depart the institution without stating the reason....Information about donors with anti-HIV antibodies (and about other persons with a positive finding—J.S.) is kept strictly confidential by physicians" ("Preventive, Diagnostic, and Therapeutic Procedures in the Even of HIV Contamination or AIDS Illness: Indications for Health Service Employees," published by the Ministry of Health and Social Welfare in 1989).

"HIV is sensitive to external factors.... The virus is particularly sensitive to the effect of higher temperatures. At a temperature of 56 degrees centigrade it dies within 30 minutes. It also is sensitive to disinfectants, such as chlorine compounds, formalin, and glutaric aldehyde" ("Preventive, Diagnostic, and Therapeutic Procedures in the Even of HIV Contamination or AIDS Illness: Indications for Health Service Employees," published by the Ministry of Health and Social Welfare in 1989).

"WE EMPHASIZE the need to protect the rights of man and human dignity....Any branding, any discrimination against carriers of the AIDS virus and certain others is to be rejected, because this harms the public health." (From the Declaration of the World Summit of Ministers of Health in London, 1988.)

The conflicts concerning HIV carriers are doubtless painful to these persons, so severely tried by fate who, instead of acceptance and help and moral support as well (even the Catholic Church's attitude has been restrained), have been experiencing humiliations, unpleasanties, and sufferings. However, the very fact of the publicity about these matters may cause the problem of AIDS in this country to become something discussed and spoken about instead of being shoved into the underground of the persons afflicted by this disease. It would be dreadful if this disease were to spread the more rapidly the less we know and speak of it.

## CHILE

### 1300 People Infected With AIDS Virus

PY0509151090 Santiago LA TERCERA DE LA HORA  
in Spanish 25 Aug 90 p 17

[Summary] Dr. Cecilia Sepulveda, an immunologist at the University of Chile Medical School, reported yesterday that 1,300 people have been infected with the AIDS virus in Chile, of which 237 have developed the disease.

She noted that these figures were released by the Public Health Institute and pointed out that she does not have an updated figure on the number of AIDS cases in Chile.

Dr. Sepulveda said Chilean doctors are extremely concerned over the increasing number of babies born with AIDS. She said seven babies have been born with AIDS, with three of them having actually developed the disease.

## HONDURAS

### AIDS Deaths Total 250

90WE0318A San Pedro Sula TIEMPO in Spanish  
17 Jul 90 p 30

[Text] Tegucigalpa—Over 250 of the 736 cases recorded by the Ministry of Public Health to date have died on acquired immunodeficiency syndrome (AIDS).

Last month one case of AIDS per day was reported, while the records kept by the National Commission on AIDS during May reported two cases per week as a minimum.

AIDS has an incubation period of from five to 10 days. According to the representative of the Pan-American Health Organization (PAHO) in Honduras, Luis Antonio Loyola, this demands the participation of all institutions and personnel to contribute through campaigns to mitigating the effects that the disease will have in the future, since an increase therein is predicted, and the possibility of infection must be diminished.

Moreover, he remarked, in the United Nations Assembly all governments declared AIDS a high priority disease, and called upon the governments of countries to provide support to the nations with the highest risk of infection with the syndrome.

Loyola commented: "For this reason, PAHO has intensified its cooperation throughout the entire American continent, particularly with Central America and Panama."

He also observed that they act as trustees of the international aid, and as backup to meet the demand of the national program headed by the Health Ministry. They are working in conjunction with other agencies providing cooperation, such as the International Agency for Development (IAD), with which the purchase of reagents for diagnosing AIDS is coordinated.

Loyola noted that, at present, Honduras is one of the countries in the Central American area that makes the best diagnoses of AIDS; adding that this is probably one of the reasons for which it appears to have more AIDS cases than other Central American countries.

## JAMAICA

### Medical Officer Urges Social Tolerance for AIDS

FL1508144190 Bridgetown CANA in English  
1358 GMT 15 Aug 90

[Text] [Words indistinct] AIDS cases in Jamaica climbed to 171 at the end of July, according to the Ministry of Health. One hundred and nineteen of the victims were male and 52 female. Sixty one percent of the 171 victims had already died.

Speaking at a public forum on the "Social Impact of AIDS," principal medical officer of health, Dr. Peter Figueroa, said most of the AIDS cases now being reported were "home-grown." Local transmissions now accounted for 55 percent of the cases and 32 percent were contracted overseas. He noted that the main method of transmission in Jamaica was through heterosexual intercourse which accounted for 46 percent of all reported cases. Stressing that there was no definitive cure for AIDS, Dr. Figueroa called for greater social tolerance for the disease.

"The issue of social stigma and social discrimination must be addressed now," he said.

Dr Figueroa noted that because of social intolerance of the disease here, there had been instances where AIDS patients had hidden their disease. He cited cases where bank tellers had refused to change money from migrant farm workers out of fear that the laborers might have AIDS. The director of the National AIDS Program also said many influential persons had refused to be associated with the program because of what others might say. Dr. Figueroa noted that several prominent persons in the society had refused to chair a fundraising committee of the National AIDS Council. If the issue of social stigma is not addressed, Dr. Figueroa said, it could make the job of managing the disease more difficult, as infected persons would be afraid to seek medical assistance.

## PARAGUAY

### 11 More Confirmed AIDS Carriers

PY3109231790 Asuncion EL DIARIO in Spanish  
31 Aug 90 p 15

[Summary] Dr. Marco Aurelio Aguayo, director of the Anti-AIDS Program [Programa de Lucha Contra el SIDA], has said that 11 more AIDS cases have been reported. They are just AIDS carriers. Therefore, the number of people infected with the fatal AIDS virus has increased to 71. Only one AIDS patient remains alive; 16 other patients have already died.

**EGYPT****Transport Minister on Repatriated Nationals**

NC1009193590 Cairo Domestic Service in Arabic  
1500 GMT 10 Sep 90

[Text] Engineer Sulayman Mutawalli, minister of transport, communications, and maritime transport, stated that the Health Ministry has provided the Egyptian medical team in Jordan with a new group of doctors, in addition to medical equipment.

He added that 3,100 Egyptian nationals arrived at Nuwaybi' port from al-'Aqabah on board Egyptian ferries yesterday. Another group of 810 Egyptians arrived from al-'Aqabah yesterday on board the Saudi ship al-Fahd. A third group of 2,080 Egyptians arrived on Saudi, Libyan, Belgian, and Gulf flights.

**INDIA****Official Reports 629 Cases of AIDS in Manipur**

90WD0569 New Delhi PATRIOT in English  
8 Jul 90 p 5

[Text] At least 629 persons including 19 women have been affected by AIDS in Manipur, according to the latest report available here.

Stating this, Dr Y Ibotomba Singh, head of the AIDS surveillance centre of the regional medical college hospital here, said that cases of 514 others were sent outside Manipur for confirmation of HIV virus by ELISA (enzyme) linked immuno sorbent assay) and western blot tests.

He said most of the AIDS patients were intravenous drug users in the age group of 20 to 30.

Imphal district was the worst affected area in the State with 279 AIDS patients.

The AIDS centre in Manipur had received blood samples of 15 persons from Nagaland for testing HIV.

**Developments, Warning on spread of AIDS in India****Rapid Spread Predicted**

90WD0665 Madras THE HINDU in English  
16 Jul 90 p 4

[Text] New Delhi—Some 60,000 AIDS patients in India will require hospitalisation over the next five years and Bombay and Madras will be the worst hit cities, the World Health Organisation (WHO) has informed the Indian Council of Medical Research (ICMR).

A communication sent by WHO's Geneva headquarters to the ICMR here said even if no new AIDS infection had occurred in India after 1989, the number of AIDS cases needing hospital care would cross 60,000 by 1995.

"We're now approaching a disaster phase," Dr A.S. Paintal, ICMR Director General, told PTI. "Hospitals and the public should gear up to meet this disaster," he said. WHO experts have predicted that by 1995, every third pregnant woman in Bombay is likely to be found infected with the AIDS virus when examined in the ante-natal clinic, Dr Paintal said.

The prediction implies that girls and women in Bombay between the ages of 15 and 35 are at enormous risk of contracting the infection, he said. The male population is also at a similar risk, Dr Paintal said.

**AIDS Among Calcutta Prostitutes**

90WD0665 Calcutta THE STATESMAN in English  
17 Jul 90 p 1

[Text] Two more AIDS cases have been detected in Calcutta recently. Both patients are women and are alleged to be prostitutes. It is learnt from informed sources that the cases were detected at the School of Tropical Medicine from samples received from various medical colleges in the city. It is not yet known in which part of the city these women live. The sources said that it would be extremely difficult to trace these women as, most likely, they had given fictitious names and addresses to the medical college where they had submitted blood samples for examination.

The School of Tropical Medicine, which carries out the Eliza tests and then the Western Blot examinations to confirm AIDS positive cases, has already submitted its results to the State Government. The sources said even if the Government traced the victims, it would hardly be able to take any action and isolate the women. There are no laws on the strength of which the Government can segregate the women.

The sources pointed out that because of legal handicaps the Government had been unable to take any action against Pearibai, the first AIDS positive case in Calcutta. Pearibai reportedly left the city three years ago and settled in Madhya Pradesh. It was, however, learnt from the sources that Pearibai had recently returned to Calcutta and taken up residence in one of the more prominent red light zones of the metropolis. She has assumed a different name and was once again entertaining clients, according to information reaching the Tropical School.

The Tropical School authorities are worried as some of the AIDS patients of Bombay have reportedly migrated to Calcutta recently. It will be recalled that more than 1,000 AIDS positive cases were found in Bombay following medical examination of their blood samples. Fearing repressive measures, these victims, all of them prostitutes, left Bombay to settle in Madras and Madurai. Doctors in the Tropical School have been informed by experts in Bombay that a significant percentage of them also went over to Delhi while a few decided to settle in Calcutta.

Sources said that though the Tropical School was receiving blood samples from prostitutes with the help of an international voluntary organization, it was yet to examine blood samples from the red light area in Kidderpore, considered the most "AIDS—pro-zone" in the city. Foreign sailors, who are often the carriers of the deadly AIDS virus, frequent the Kidderpore brothels and also pockets in Free School Street and Dacre's Lane. After the detection of AIDS in Pearibai in the Kidderpore area, some pimps started blackmailing the prostitutes threatening that they would have the women labelled AIDS-positive cases. Hence, prostitutes have resisted all attempts to collect blood samples from the Kidderpore area.

#### **Crisis Feared, Conference Planned**

90WD0665 Calcutta *THE STATESMAN* in English  
13 Jul 90 p 5

[Text] The Indian Health Organization will hold a congress on AIDS in India later this year to focus on issues relating to the disease in the developing countries, reports PTI.

The secretary of the organization, a non-Governmental organization, Dr I.S. Gilada, said India could face a major AIDS crisis in the next five years if immediate preventive measures are not taken. Complacency and inaction could make India among the worst hit nations, he said.

Dr Gilada, who attended the recent AIDS conference in San Francisco, said the developing countries, some of which may face the brunt of the disease in the coming years were grossly under represented at the conference. Out of 10,600 delegates, only 560 were from the developing countries.

Because of the high cost of treatment with drugs like AZT, the emphasis in the developing countries has to be on prevention rather than treatment, he said. The organization will host a three day world congress on AIDS in Bombay from 7 December.

Dr Gilada said AIDS among prostitutes, one of the highest risk group was increasing at an alarming pace. According to a survey conducted by his organization in 1986 in Bombay less than 0.5 percent prostitutes examined were found to be infected with HIV.

A year later the percentage rose to one. In 1988, 3 percent were found infected and the percentage rose sharply to 10 in 1989. By mid 1990 the percentage had gone up to 20, he said.

In a particular pocket, "indications are that about 70 percent of them are infected with HIV, he said. The data collected by a team of doctors from Madras last month, he said, showed about 526 of 800 prostitutes rescued from Bombay tested positive for HIV antibodies.

Dr Gilada said a study in Bombay had found a large number of professional blood donors infected with HIV and about one-third had some symptoms of AIDS. Professional blood donors meet 50 percent of the need for blood in India and also supply blood to companies manufacturing human blood products.

## **PAKISTAN**

#### **Paper Reports Spread of AIDS Cases**

BK1808131890 Islamabad *THE MUSLIM* in English  
18 Aug 90 p 8

[Excerpt] AIDS (Acquired Immune Deficiency Syndrome), the deadly disease, unknown till few years back has assumed an alarming proportion in Pakistan.

Official sources say that the number of AIDS patients had shot up from 37 to 57, which they thought was an alarming portent. Experts are of the view that the reported cases represent only a tip of iceberg. AIDS virus is much higher than the reported one. Just three months earlier, there were 50 AIDS patients of whom 13 died. [pasasage omitted]

**Membrane Toxin Receptor for Treatment of AIDS**

90WE0265A Moscow *RABOCHAYA TRIBUNA*  
in Russian 17 Jul p 4

[Article by N. Baranovskiy: "An Illegal Discovery? A Deadly Blow Against AIDS is Being Prepared in Soviet Laboratories. But Will It Be Applied?"; First paragraph is *RABOCHAYA TRIBUNA* introduction, and last paragraph is editor's note]

[Text] Millions dead, tens of millions infected—these are the forecasts of immunology specialists for the beginning of the third millennium. In the Soviet Union alone by the year 2000, according to the most conservative estimates, the virus will "mow down" no fewer than 150,000 people. Therefore, it is not necessary to explain with what hope people read every new report about a victory, even the most insignificant, over the terrible disease. But in this fatal combat, up to now we have not taken the offensive and have only fallen back. The majority of scientists believe that an effective preparation against AIDS will be developed in not less than ten years. Only we do not have this time.

And suddenly there is unexpected news: a group of Soviet scientists seem to be on the right track. Our correspondent met with one of the members of this informal collective, B. Mednikov, doctor of biological sciences, a prominent geneticist, and a staff member of the Laboratory of Molecular Biology and Bioorganic Chemistry of Moscow State University.

"I shall tell you right away," says Boris Mikhaylovich, "that at the present time we cannot give a one-hundred percent guarantee of recovery from AIDS. Nevertheless, I personally am eighty to ninety percent confident of success. Even now, by periodically killing the active form of the virus in the blood, it is possible to extend the life of a patient indefinitely. And within a year and a half we hope to develop a method also which makes it possible to treat the latent form of AIDS."

"How do you intend to do this? In fact, scientists in all countries have racked their brains for years on how to conquer the terrible virus. And up to now they have had nothing in particular to boast about. Even the recent attempt of Americans to separate AIDS by heating the blood of patients does not inspire hope: the method is extremely laborious and hazardous. Thus, probably, the route to a cure lies in vaccines and antibiotics, as in the past?" "No, that is a blind alley. And this is the reason why. AIDS is an autoimmune disease. That is, the protective system of man "devours" the organism in error. The fact is that the proteins and genes of the virus are surprisingly similar to those of the host. Antibodies in such a situation probably are lost and attack the healthy cells of the patient. I came to this conclusion purely theoretically, although computations by Soviet Prof A. Kulberg and the Belgian scientist Notias confirm it. In addition, the latter performed very important work by dissecting about 20 patients who had died of AIDS. And what did he find? All had damage to the thymus

gland, which coordinates the protective functions of the organism. Therefore, possibly the development of vaccines is not only a useless but even harmful approach." "It happens that the majority of virologists are wasting time in vain by trying to obtain a miracle vaccine? And what do you have against antibiotics? For example, azidothymizine? Actually, this preparation is widely used throughout the whole world, and now we are also setting up its production."

"It is completely useless. The whole secret is that the virus very rapidly adapts itself to antibiotics."

"This means that an unusual weapon is required to combat an unusual foe? Do you have it?"

"Yes, we have developed our own preparation—a toxin-receptor. The West also does not use anything like it, but their medicine is based on metabolic poisons. They cope wonderfully only with one task—they damage infected cells. And, alas, coping with the harmful virus is still beyond their grasp. Therefore, we have counted on membrane toxins—these hunters for AIDS readily destroy the membranes with which the viruses are covered like armor. And then there is no mercy for the insidious enemy."

"As I have understood it, it is possible by means of these toxins to cure successfully only the active form of AIDS. But indeed, the latent form still remains. That is the whole point of it. Indeed, up until now the hidden disease will not be 'uprooted' from the organism, and a person will not recover."

"For this we also decided to use chemisorption (blood purifying) columns. Ordinarily their use is for curing acute attacks of schizophrenia and strong poisonings. What is the principle of its action? An antibody is taken which is 'hooked' to some virus or protein, and chemically 'fastened' to special solid granules and together with them is placed in a special vessel. Then blood is passed through it. At that moment the antibody-hunters also extract the pathogenic components from it. Something like chemical purification takes place. And each disease needs its own 'stain remover.' For example, we wash off a grease stain with acetone, and a fruit juice stain with oxalic acid. It is like that here: one preparation is required for treating schizophrenia, and another for some kind of hormonal disease. And so—why not build a special 'stain remover' to capture the AIDS virus? This is problem which we have been working on. We have developed a reagent which is suitable not only for curing AIDS, but also T-leukemia."

"That is, is it possible to consider that humanity is saved from this terrible disease? AIDS is conquered? Indeed, if your computations are correct, as early as a year or two from now, the preparations which you have developed perhaps will be put into industrial production?"

"It is not quite that simple. There is such a thing as the monopoly of the Ministry of Health. The matter is clear—it also extends its mission to an attempt to cure

AIDS. Therefore, I am convinced that regardless of how effective the medicines are which we have devised, and regardless of how intricate the apparatus we have invented, all our efforts will be blocked, as it has already been the case more than once. Why? Indeed, it is only because we are staff members of a 'competing' organization."

"The result is like an anecdote of black humor. A hospital attendant rolls an old woman into the morgue, and she wails 'What are you doing?! Where are you taking me?!' The muscular fellow replies, 'Quiet, grandma! Once the head physician has said to take you to the morgue, he means the morgue. Self-healing, they say, is bad for you.'"

And that is the way it is. I am convinced that a person doomed to an inevitable death has the right to any, even an insane, attempt. This includes that which is unsanctioned by the Ministry of Health."

"Not having the support of this ministry, you are almost working underground. And in spite of this, you have great ideas about the task which up to now has been beyond the capacity of reliable scientific institutes. How is it that you have succeeded?"

"Enthusiasm for the goal. There are molecular biologists, geneticists, virologists, physicists, mathematicians, and chemists in our group. All of them are working without pay, outside of working hours. Where do we get the reagents? We have to beg, almost to steal. Such is life. But most offensive of all is that valuable time is slipping through our fingers, because work has been dragged out because of unbearable conditions. Say that we urgently needed a certain kind of protein for experiments. But it can be acquired only in foreign currency. And where are we to obtain it? Naturally, in principle it is possible to synthesize the necessary protein ourselves. Only this will take a year or two at a minimum. Only foreign charitable organizations have responded to our requests for help, but they also have provided money."

"Certainly, one can also understand them. Recently, so many charlatans have multiplied that you do not know at what moment they will cheat you. Mackler is such a one. He also has promised to deliver humanity from AIDS. What then? All of his lofty phrases and scientific computations have proved to be an ordinary fake."

But no one insists that they trust us without reservation—let an independent competent commission evaluate the work. Even by invitation of Western specialists. We are ready to produce the goods personally. And in general it would not be bad to form a special committee in the USSR for combatting AIDS with broad rights and possibilities."

"Why such extreme measures? Indeed, judging by reports in the press, the AIDS epidemic threatens the USSR not so very soon—in five years."

"But it is already going at top speed! Is it really possible to take seriously the official figure of HIV carriers—something greater than 500 people? I dare them to confirm this, for there are considerably more of them! And this is the reason why. The number of virus carriers in the world is approximately greater by a factor of 40 than the people with obvious symptoms of the disease. This means that we have no fewer than 29,000 infected people according to the most conservative estimates. It would appear that it is necessary to sound the alarm and to rouse the people, but the leaders of the Ministry of Health and of the academies extensively discuss only preventive measures. If this continues, by the year 2010 half of the population of the USSR will have died. This is a worst case, and the best case is that we shall lose as many people from AIDS as in the two world wars."

"But can it really be said that generally nothing is being done to combat AIDS? In fact, we purchase disposable syringes from abroad, and we are setting up production at plants in the USSR."

"Neither syringes, disposable blood transfusion systems, nor preservatives solve the problems. The West is an example of this. There these products are in surplus. And nevertheless, AIDS advances precipitously."

"Just the same, you also do not dispense with preventive work. Also with improved diagnostics. Indeed, examining the blood bank and testing people for AIDS is major, serious work."

"What are you talking about?! We 'probe' for HIV from the presence of the antibody of the virus in the blood. But the Americans recently studied diagnosis of the disease by another indication—the genes themselves of the virus. And what was detected? In 16 out of 18 infected people, there was virus in the blood, but there were no antibodies. This means that all our diagnostics, excuse me, aren't worth a hoot. It means a donor who has 'passed' can be infected with AIDS and calmly give blood. It means that hundreds and thousands of people who have passed 'inspection' and being assured of their own health will infect all and everything around them. And indeed the latent form of AIDS can have a threshold up to twenty years!"

What resources do our collective need in a short period of time to set up the experimental production of reagents and toxin- receptors?"

"For a three year program \$450,000 and about 300,000-500,000 rubles."

"And I believe that we are obligated to pay such a price in the attempt to save us from AIDS. It is necessary to take the risk, otherwise [AIDS will continue to spread].

Editor's note. We ask people who are infected with the AIDS virus not to contact B. Mednikov for he still cannot help you at this time. On the other hand, it is possible to help scientists. Organizations, enterprises, and private persons wishing to make their contribution



to combatting "the plague of the twentieth century" can join a collective of proponents through the editorial office of RABOCHAYA TRIBUNA.

#### **Armenian Doctors on Possible AIDS Remedy**

*NC2808123490 Yerevan ARMENPRES International Service in Armenian 1215 GMT 27 Aug 90*

[Excerpts] Recently the union and international press reported that the Armenian specialists have developed an effective compound to fight the AIDS virus. Is this sensational? [passage omitted] ARMENPRES asked Robert Zakaryan, deputy director of the experimental biological research institute of the Armenian Academy of Sciences and candidate of sciences, and Professor Jan Akobyan, doctor of science and director of the molecular enzymology laboratory, to comment on this.

**R. Zakaryan:** "Any announcement about a cruel ailment is sensational. The fact is that our institute has not yet announced such a discovery. It has only stated that it has developed a compound whose effectiveness has already become apparent during laboratory tests on cultured cells. [passage omitted] The results obtained are really encouraging, and I think for the time being there is no reason to be disillusioned. I will even go as far as to say that one of the components of that compound has proven its effectiveness not only on the cultured cells but during the next stage of the research on some viral infection models in animals. That means that the compound has anti-viral characteristics. It is a matter of time before drugs are prepared on the basis of that compound. Regrettably, everything does not depend solely on those who have prepared the compound."

**J. Akobyan:** "The compound has to be further developed and advanced to a point where it could turn into a drug. We already have the basic thing with the compound itself and the scientific potential. However, we lack the appropriate equipment and other means to take us to the next stage of research. We need help. We asked V.I.

Pokrovskiy, president of the USSR medical sciences academy in Moscow, to consider experimenting with the compound under clinical conditions. However, we received no reply to our application and cable." [passage omitted]

#### **Namangan Visitor Brings AIDS to Kzyl-Orda**

*PM2809141190 Moscow PRAVDA in Russian 25 Sep 90 Second Edition p 6*

[PRAVDA correspondent D. Gutenev article: "Now AIDS as Well..."]

[Text] Kzyl-Orda—The quarantine that was imposed owing to the fatal case of plague has been lifted in Aralsk.

But people were recently agitated by another unpleasant piece of news: The AIDS virus has been detected in a patient at the rayon center of Chiili. Some 165 people who had been in contact with the patient have been screened. Admittedly, the patient was not a local but a visitor from Namangan who felt unwell en route. Nevertheless an emergency commission has been set up in the oblast and emergency measures to prevent the spread of the dread disease have been outlined.

#### **Scientists Register 541 People With AIDS**

*LD1009092390 Moscow Domestic Service in Russian 0100 GMT 10 Sep 90*

[Text] Soviet scientists attended an AIDS seminar in the United States.

Vadim Valentinovich Pokrovskiy, chairman of the Association to Combat AIDS, attended the seminar. He says authorities now have data on approximately 150,000 Soviet citizens who have had contact with AIDS infected people.

A total of 541 people currently infected with the AIDS virus have been registered in the USSR. Scientists say as many as 20,000 citizens may be infected with AIDS.

## CANADA

### Scientists: Cancer Drugs Show Promise in AIDS Fight

90WE0300 Ottawa *THE OTTAWA CITIZEN*  
in English 18 Jul 90 p A3

[Article by Nicholas Regush, The Montreal Gazette]

[Text] Montreal—Montreal scientists say they've successfully used anti-cancer drugs to eliminate severe AIDS-like symptoms in mice. The finding could lead to a radically new approach to AIDS treatment.

If AIDS develops in humans as it does in mice, anti-cancer drugs could prove effective in treating the devastating condition, Dr Paul Jolicoeur told an international congress on infectious diseases here Tuesday.

The new findings will soon be published in a scientific journal, Jolicoeur said.

"Our next research step is to see to what extent our animal data apply to humans," he said in an interview. "If there is a similar mechanism that gives rise to disease in humans, then we'll have a very good model for AIDS."

On the basis of other studies with mice, Jolicoeur has theorized that a cancer-like process in the body might trigger acquired immune deficiency syndrome.

It is commonly thought that the human immunodeficiency virus (HIV) destroys the body's immune system by killing its key cells, leaving the body vulnerable to a host of potentially lethal infections and cancers.

AIDS drug treatment is mostly aimed at preventing HIV from reproducing itself after initial infection.

But research on mice at the institute suggests the development of AIDS might be far more complex.

For instance, studies show that only a defective version of a mouse leukemia virus holds the potential to cause a severe immune deficiency in mice. Symptoms include swollen lymph glands and enlarged spleens.

And the virus does not have to reproduce itself to cause widespread infection in the body.

"That virus acts like a cancer virus," Jolicoeur said. The virus, rather than killing cells, causes them to divide in a cancer-like fashion. The cells thus proliferate.

The same process might be true of a defective version of HIV, he said. But it is not understood how AIDS could result from a cancer-like process in the body, possibly triggered by a virus.

"We think the proliferating cells could produce a (substance) that is detrimental to the immune system," Jolicoeur told scientists.

A certain number of cells might need to build up to start creating this substance. This may explain why some cases of AIDS take many years to develop, he said.

### AIDS Drug Testing Plan, Parliamentary Committee Report

#### Drug Testing Plan

54200032A Vancouver *THE SUN* in English  
30 May 90 p A12

[Text] Ottawa—The federal government will spend \$10 million over the next three years to establish a clinical network to test new anti-AIDS drugs and vaccines, Health Minister Perrin Beatty said Tuesday.

The network, being developed by the University of B.C., is expected to make it easier for AIDS victims and their doctors to get drugs for treating AIDS and the HIV infection that leads to the disease.

Information about tests of new drugs at regional clinics across Canada will be collected at a national centre at St. Paul's Hospital in Vancouver.

"This is a major step in our continuing efforts to ensure that Canada is in the forefront of HIV therapeutic research," Beatty said in a speech to the annual meeting of the Canadian Life and Health Insurance Association.

Beatty first announced the network last October when his department gave the University of B.C. \$30,000 to develop the program.

At the time he said the network would cost between \$2.5 million and \$3 million a year to operate.

Existing AIDS drug trials will be incorporated into the new clinical network.

#### Parliamentary Committee Report

54200032B Toronto *THE TORONTO STAR* in English  
7 Jun 90 p A11

[Article by Bill Taylor: "Report Blasts Lack of AIDS Strategy"]

[Text] Canada's lack of a national strategy to fight AIDS is a "major embarrassment" to the country, says a specialist in the killer syndrome.

A joint parliamentary committee report said yesterday there is an urgent need for a nationally coordinated strategy to fight a predicted "bulge" in acquired immune deficiency syndrome.

The committee, headed by Progressive Conservative MP David MacDonald (Rosedale), called on Ottawa to quadruple its present "inadequate" expenditure.

"We're nine years into the AIDS crisis," Dr. Iain Mackie told THE STAR from his London, Ont., office. "When

you look at the world situation, the fact that we don't have a national policy is a major embarrassment."

The committee said a "bulge" of AIDS cases 5 to 10 years from now "will severely tax Canada's medical and social resources."

More than 3,800 Canadians have been diagnosed with AIDS and almost 2,300 of them have died since the first case was reported here in February, 1982.

The report said these "grim facts" are "only the tip of the huge iceberg of suffering and death."

Mackie said experts expect to see in coming years many more people who are infected with the HIV virus taking drugs to prevent the development of AIDS.

"For every person with AIDS, there could be 20 with HIV," he said. "That could mean 60,000 infected Canadians. And drug therapy for them will cost a lot of money. If we can't cope with 3,000, how will we cope with 60,000? It's mind-boggling."

In 1988, Ottawa committed \$129 million to be spent over five years. But the report said this falls far short of the amount needed to effectively combat AIDS.

Richard Burzynski, executive director of the Canadian AIDS Society, whose brief to the committee was incorporated in many of the recommendations, praised the report.

"It's clearly going to make a very strong statement by parliamentarians from all three parties that Canada just isn't doing enough," he said.

## DENMARK

### AIDS Experts Hit Slackened Prevention Effort

90WE0254A Copenhagen BERLINGSKE AFTEN  
in Danish 25 May 90 p 5

[Article by Kirsten Bjornsson: "The Forgotten Disease—AIDS"; first paragraph is BERLINGSKE AFTEN introduction]

[Text] While the infection surfaces in the heterosexual population, prevention remains in a vacuum.

By 1988 the hysteria was over and we could all breathe easier. Or, more accurately, to all of us who were neither gay nor drug addicts, AIDS was no longer a problem.

The Health Commission lowered its estimate of HIV-infected from between 10,000 and 15,000, to five thousand, while politicians and officials discovered that AIDS was a problem only for certain deviant groups—and, oh yes, for third world countries—and lost interest. Last spring, Elsebeth Kock-Petersen, then Minister of Health, explained that there was nothing further to be gained from the massive AIDS campaigns.

While health workers in hospital screening clinics are obliged to inform heterosexual women, in increasing numbers, that they are infected, and while the disease is making its way into the rest of the population, official efforts to combat AIDS have been markedly reduced.

A special 16 million kroner appropriation for AIDS research has been used up and a new one has not been made. Project assistance from the budget's AIDS pool has been cut from 9.1 million last year to 5.8 million this year. The Health Commission's AIDS office, which in 1988 had 18 million for education, received 12 million in 1989 and 10 million this year. Coordination and planning from above has been lacking since the big campaigns of 1987-88. In addition, the AIDS office was without a director for an entire year, during which time consideration was given to abolishing it.

### Work Conditions and Burnout

Ignorance still runs high. "Young people don't get it, do they?" say the same maturing school children who don't want to hear more about AIDS.

There are workers in the health care sector who are still unaware that the disease can only be transmitted through the blood and sexual contact. Every tenth health worker is afraid to hold the hand of an AIDS patient, according to an investigation last year. When an HIV-positive patient, one month ago, entered Hvidovre Hospital, three firemen rode along in the ambulance—two of them clothed like spacemen with masks over their faces and with gloves so thick that they could not hold onto the steering wheel. The public stood back uncertainly.

How valid was such behavior? How dangerous is it really? One perceives the frustration and relief of health professionals from being out of the public spotlight. They are frustrated that the issue has been virtually forgotten, but they are relieved to be left to work in peace and glad to escape from participation in overblown twenty-four hour, nonstop, media extravaganzas around the captivating theme: sex and death.

In the mid-eighties, AIDS was an event. Big gatherings of reporters and experts at Rigshospital; every day a new front page story. Professional commitment was great. Here was a new field with great challenges, both for researchers and health care professionals.

In recent years many nurses have left treatment facilities. Work with terminally ill young people is hard to distance oneself from, and when the daily work has to be done, burnout is as much a reality as weight charts and vacation aspirations.

"It has to do with all of the loss that one is exposed to," says Annie Abildtrup, a nurse from Hvidovre Hospital. "When you involve yourself with an AIDS patient, you have to talk about so many taboo subjects—sexuality, death, suicide. In the process, you give a lot of yourself, and that creates an intimacy."

"In one way, it is positive, because you start to think about what you want out of life and what is likely irrelevant. But all the loss, all of the people you lose—that drains you. We try to protect one another, to support the nurse who went to a patient's funeral yesterday and to give her a more upbeat job. Taking care of the patients who come in with malaria or meningitis, for instance."

#### Discussing a Fabricated Number

The first two Danes died of AIDS in 1981. The number of registered cases was up to 93 by 1986, and by the end of 1989, the number of registered AIDS cases was 533. Bad enough, but nothing to equal the explosion one had originally feared. It was clear that the prognostications with the steeply rising curves needed to be revised, when in 1988 the Health Commission adjusted its estimate of HIV-infected from between 10,000 and 15,000 to five thousand.

None of the leading Danish AIDS researchers believe that the epidemic is slowing down.

"There is no sign of it. On the contrary," says Dr. Jorn Olsen, professor of medicine at Aarhus University. "The problem is that the Health Commission has never said: 'We don't know how many are infected.' Someone came up with a fabricated number, and it is this fabricated number that they have been discussing, instead of obtaining data on how the disease is developing in the population.

"This could be done through anonymous testing of pregnant women and other selected groups, as I, and others, have proposed for many years. There have been concerns voiced about preserving the principles of voluntariness and anonymity. Now it looks like we will get anonymous testing. But it will take five to ten years before we find out whether the disease is spreading among heterosexuals, as we think it is. If we had instituted systematic monitoring a long time ago, we wouldn't have wasted five years."

Currently, 2,200 Danes have been found to be HIV-positive, and the best guess today is that just as many are infected without knowing it. A new HIV-positive is registered every day and, since "only" fifty die a year, the population of infection carriers grows steadily.

It is not especially infectious in the beginning, when the body's defense mechanism is still able to hold the virus down. Later in the process, when the defense mechanism collapses, the danger of infection grows apace with the production of virus. Jorn Olsen foresees that the danger of infection will increase as the epidemic becomes more "mature".

#### The Risk to Heterosexuals

The portion of HIV-positives that are infected through heterosexual contact has grown from six percent between 1980 and 1988, to 11 percent in 1989. But is there actually

a heterosexual epidemic on the way? "It can't be excluded," says the professor from Aarhus. "The danger of infection is much lower with vaginal intercourse than with anal. Nevertheless, the danger exists, and in some parts of the world, it is the primary mode of infection."

He points to British calculations, based on what is currently known about people's behavior and promiscuity. They conclude that one percent of the population—50,000 in Danish terms—will be infected in the course of 40 years, before reaching a balance where the same number die as are infected.

"It may be that those who say we will not have a heterosexual epidemic are correct. But we don't know that, so we are obliged to act as though we will have it.

"I am very disappointed in the cutbacks which have occurred in research. It is a relatively modest investment compared to what is invested in treatment. An AIDS patient can easily cost from one half to a million [kroner] per year. And, whereas in the beginning one reckoned with only ten to fifteen percent of the infected developing AIDS, one expects today that at least half of them will. Some say that all of the infected will get AIDS, although it may take 20 to 25 years.

#### Competing Diseases

A keyword of the eighties health debate has been prevention. Another prioritization. In March of 1989, shocked health care professionals could see how literally the administration took these two terms.

The administration's prevention program prioritizes accidents, cancer, cardiovascular diseases, muscular and skeletal disorders, and mental disorders. "Prioritizing occurred in the period when AIDS had already received much attention," says Health Minister Ester Larsen. At that time, Kirsten Lee (Radical Liberal Party) expressed it this way: AIDS has received all the money it should have." Lee pointed to the thousands who die of alcohol abuse and the 5,000 people who die each year from smoking: "At the present time, 182 have died here as a result of AIDS."

Others have added that 20,000 to 25,000 people a year die of cardiovascular diseases and 10,000 to 15,000 from various forms of cancer. Dr. Jens Ole Nielsen from Hvidovre knows the figures better than he would like to:

"I hate this competition among the diseases. You cannot measure a disease's significance by the number of deaths. Everybody will die. And if I die of a blood clot in my heart at the age of 78, consider it a natural cause of death.

"They have rated AIDS abroad by the number of years lost from life expectancy, and in the United States, the number of years lost because of AIDS is half of what can be attributed to cardiovascular diseases. Fewer die, but they are young people. We have all the way down to seventeen, eighteen, twentyfive-year-olds lying here

dying of AIDS. Traffic accidents? If one compares it with traffic accidents, you don't need to do anything, anywhere.

"The need for research and information is definitely not less than in the mid-eighties. Back then, one had hope of finding a vaccine and a treatment. Today it is clear that we are deceiving ourselves, if we expect something like that shortly. It could be many years yet.

"Now that 10 percent of the infected are heterosexuals, it is time for us to take it extremely seriously. There is a need for diversified, goal-oriented data. This is the difficult phase that we must now begin to tackle. Making the issue interesting by showing filmclips and talking about condoms—that was easy."

#### Unindoctrinated School Children

The first AIDS alarm came from the gay communities, and in 1983-84, the National Association of Gays and Lesbians was actively organizing education and counseling. In 1985, the Association of County Councils—with future hospital costs in mind—distributed the first leaflet to households. At the same time, Minister of the Interior Britta Schall Holberg continued energetically to dismiss the problem.

Only after Knud Enggaard had replaced his party colleague as Minister of the Interior, was the purse opened.

In 1986, large sums were granted for research and education. In the spring of 1987, a unanimous parliament decided that AIDS was an issue that Denmark should deal with through prevention. In 1987, the massive campaigns using film and television spots were begun by the newly organized AIDS Office, led by the dynamic Lone de Neergaard.

In this period, communities and counties also got started: all teachers with large classes were given extra AIDS courses and in every county, local health care nurses, teachers, and social counselors were trained to be a network of key persons—volunteer instructors and facilitators. When they came home from their courses in 1987, they were brimming with good ideas and initiatives. In the meantime, the work had halted in many places. There was no support, either moral or economic.

"The whole educational scheme has fallen apart" says Lone Meyer, a school doctor in Gundso and Hvalso communities and key person for AIDS education in Roskilde county.

"Today I can use the same instructional material in the ninth grade as I used five years ago. For example, there are questionnaires with questions like: 'Can you be infected by a kiss?'. (Answer: No). For years I couldn't use the questionnaires, because the children were so incredibly well-informed from the newspapers and television. Today they can no longer answer the questions."

#### No Plan

"The worst part is," says Lone Meyer, "that there is no plan as to who should be informed, how, or when. Some don't get to hear anything, others get to hear so much that they want to vomit. Who is supposed to plan and coordinate?"

"First it was the Association of County Councils, and then, the Health Commission, but I haven't heard anything from them in a long time. It is very frustrating when you are asked to volunteer, and they don't back you up. We had a storefront in Roskilde, which we can't use anymore. Our business hours have been transferred to other organizations. For two years we distributed condoms and did PR work at the Roskilde festival. Last year we had a budget of 100,000; this year we get 8,000."

Recently there has been an indication that the Health Commission is getting involved once again in AIDS education. Last month, the AIDS Office finally installed a new director, who has planned out a strategy for the coming years. The key persons have been contacted, the AIDS Office reports.

"Yes," says Lone Meyer, "it could be that the lack of support has kindled a realization that education must be targeted toward the most vulnerable groups. There is enormous criticism of the big campaigns—why should everyone learn to use condoms when AIDS was a problem only for gays and substance abusers?"

"But if this is a deliberate down-prioritizing of education for ordinary people, then, at least, they have to say to us, who is to do the instructing: 'Now we have decided that school children will no longer be instructed about AIDS.'

"I believe that you must continue to inform everybody—also in regard to those who are HIV-positive, because people are afraid to associate with them. I don't know how else we can reach drug addicts—maybe the best chance to educate them is to get them in school, before they become drug addicts—while they are still regular people."

#### Danes' Behavior Patterns

But does education really help? No one actually knows. The National Serum Institute has just started to investigate whether the risk of AIDS has caused Danes to change their habits.

"During the period when the campaigns were running, the number of abortions rose," says Dr. Henrik Zoffmann, head physician of the National Serum Institute. "Nothing suggests that the public, in general, has altered its behavior."

"In the course of these years, the sexual behavior in many gay communities has certainly changed. Yet in 1989, we saw that the number of cases of rectal gonorrhea in males had risen slightly, and the same was true for

Syphilis and Hepatitis B, which are also sexually transmitted diseases. Consequently, the AIDS situation has not changed. There is nothing to suggest that the prospects are less serious today.

"There is always a new crop of young people who have not heard about AIDS, and new men who have not been gay before, who create a need for a longterm, targeted information strategy.

"The problem is that an epidemic that develops this slowly is poorly adapted to political initiatives, where the time horizon is an election period of four years. If one goes out and vaccinates 12,000 people all at one time in order to prevent a meningitis epidemic, it pays off much better. AIDS is a problem that is difficult to cope with and has no political clout.

"I think that some political sources are giving off signals that are designed to demobilize the public so that the politicians can cut back without the public protesting.

"When the information suddenly ceases, people are bound to get the impression that the problem is over."

## FINLAND

### HIV Increase May Revitalize Information Campaign

#### Teenagers Seen Unaware

90WE0295A Helsinki HELSINGIN SANOMAT  
in Finnish 2 Jul 90 p 9

[Article: "Lahti AIDS Support Center To Open in Temporary Quarters in Fall"]

[Text] Lahti—The AIDS support center planned for Lahti will be getting temporary quarters from the city. The center will be able to start testing, provide telephone service and support personnel operations in the fall if the municipal government, which is to meet in early July, approves the motion to provide space for it. However, the subsidy it was hoped would be made available to the support center has not been promised.

The AIDS support center applied for operating space and financial assistance this spring because it feels there is a need for educating the public and for anonymous testing in Lahti. People from the Lahti area who want to get in touch with the center and be tested are always coming to the Helsinki and Tampere support centers.

A temporary room in a city-owned building in which there is space for a youth and temperance office is being planned for the support center. It has been proposed to the municipal government that the support center be provided with a larger suite of rooms in the space occupied by the library on Hollolankatu, which is to be vacated in a year.

Behind the Lahti support center are some 10 persons who have worked as testers and telephone advisers at the Helsinki center. Doctors and social workers are among the volunteer workers.

"High school youths are incredibly ignorant of the ways the HIV virus is contracted and of the disease in general," Lahti specially trained nurse Kirsti Ihatsu said. According to Ihatsu, the situation in Lahti is not nearly as favorable as the statistics tell us it is.

### Infections Double in Year

90WE0295B Helsinki HELSINGIN SANOMAT  
in Finnish 16 Jul 90 p 2

[Editorial: "AIDS Still a Serious Threat"]

[Text] We have managed to keep AIDS from spreading too widely in Finland. Public information campaigns were stepped up, and comprehensive testing brought effective care to those who had contracted HIV. The record 67 new cases of infection in 1986 did not multiply; instead, the tragic figures began to drop. In 1988 52 new cases of HIV infection were verified and two less the following year.

The statistics began to get gloomier toward the end of last year. During the first half of this year, the virus was found in 35 new carriers. This is twice the number of new cases during the same period last year. The figures are in themselves small, but the trend is disturbing. If the disease spreads at the same rate during the second half of the year, the statistics will turn into the gloomiest in the existence of AIDS. We cannot afford to ignore these warning figures; rather, the reasons for this unfortunate change must be determined.

Has the fear of AIDS turned to apathy, or do the members of new age groups who have begun to be sexually active think that the danger has been overcome? At least the Medical Board is still sending all 16-year-olds its educational package, including a condom. It is perhaps thanks to it that those under age 20 have avoided infection better than others.

If the number of cases of infection continues to increase, officials will have to consider a new national public information campaign. The treatment of AIDS is so costly that it pays to spend more money on preventing the disease than is probably available for it in the skimpy Medical Board budget for preventing the disease. It pays for those who risk contracting HIV to know that it is not pointless to go in for testing. Treatment effectively delays the onset of the disease. So far, 316 cases of HIV infection have been verified; of that number, 61 are suffering from a loss of immunity and 35 died.

## IRELAND

**Specialist Warns Sexually Transmitted Diseases on Rise**

90WE0114 Dublin IRISH INDEPENDENT in English  
24 May 90 p 11

[Article by Stephen McGrath: "Sex Disease Rate Rise—Despite AIDS Scare"]

[Text] A leading specialist in the treatment of sexually transmitted diseases has warned that a number of serious illnesses, including syphilis, which declined as a result of the AIDS epidemic, are again on the increase in Ireland.

Dr. Derek Freedman, a lecturer at UCD, said there had been a decline in the incidence of syphilis, gonorrhoea, genital warts and herpes up until the end of 1989.

However, so far this year he had noticed a relapse in this trend with increases in a number of infections among the poor and educationally deprived segments of the community.

"People are swinging back to their old habits. There is fear of AIDS but with a little drink it is soon forgotten," he said.

There should be no let up in public education and awareness programmes about AIDS and other sexually transmitted diseases, he declared. "You don't see companies stopping advertising of washing powders for example after a couple of months. They keep up the advertising so the message continues to get across," he said.

Dr. Freedman will address the summer scientific meeting of the Faculty of Community Medicine of the Royal College of Physicians of Ireland today.

Another speaker, Dr. Christine Hayes, Registrar with the Eastern Health Board, will reveal that a survey of patients attending an STD clinic showed that the mean number of different partners in the previous year was 2.9 with a maximum of 20.

Dr. Emer MacHale, Acting Director of Community Care at the Western Health Board, will disclose that another survey of patients in that area revealed that they had an average of 2.4 partners a year.

Dr. Hayes interviewed 100 men and 50 women, 80 percent aged between 20 and 40. Half of the patients believed the source of their infection to be a casual partner, with another quarter not knowing who the source was.

Nine out of ten patients named condoms as a method of prevention of STD but 42 percent said they never used them and only 15 percent said they always did.

Dr. MacHale's study of the epidemiology of STD in the Western Health Board area was carried out from March, 1984, to November, 1987, with 572 patients interviewed. Most were single, younger than 30 and most likely to have met a person with whom they had a casual relationship in a disco/pub. Some 42 percent were not using contraception.

Dr. MacHale's summary says the patients were highly mobile and infections were acquired world-wide. Some 68 percent of those interviewed had a pathological condition necessitating treatment.

## SWITZERLAND

**Increasing Number of Countries Requiring AIDS Test**

90WE0278A Geneva JOURNAL DE GENEVE  
in French 6 Jul 90 p 15

[First paragraph is JOURNAL DE GENEVE lead; second paragraph, its introduction]

[Text] The Middle Eastern and Eastern countries are particularly restrictive and the United States is refusing—but without requesting a test—HIV-positive tourists and AIDS patients.

The list of countries requiring an AIDS test for foreigners remaining more than 3 months within their borders is growing. Legislations are even getting tougher since some countries, such as Egypt or Bulgaria, have decreased the length of the visit to one month, whereas in other places, HIV-positive people are immediately turned back, according to a list published on 3 July by the Automobile Club of Switzerland (ACS).

Eastern Europe remains among the most restrictive destinations when it comes to this matter. Thus the USSR and the GDR require a negative test for visits of more than 3 months, HIV-infected people being systematically turned back. Foreigners wishing to settle or study in Poland and Czechoslovakia are being given tests upon arriving in the country.

In Western Europe, Finland and Belgium are the only countries requiring a test, the former for visits of over 3 months, the latter for students applying for scholarships.

Legislation is also strict in most Middle Eastern countries, particularly in Iraq, where travelers staying for more than 5 days are subjected to a test. In some countries, legislation is even bound by considerations based on suspicion.

Thus Cyprus requires a checkup test for foreigners wishing to work in nightclubs and cabarets, whereas Greece has reservations about artists whose state of health appears suspicious. As for South Korea, it requires a test for men unaccompanied by their wives.

### Complex Situation in the USA

So far, according to the ACS list compiled from information released by the Federal Department of Foreign Affairs, there has been no restriction in Latin America. The situation is more complex in the USA.

Candidates for immigration are the only ones subjected to a mandatory test. Entry into the United States remains nevertheless forbidden to HIV-positive tourists, or AIDS patients. But controls are difficult, the authorities having to settle for the traveler's written declaration.

However, cases of nonadmittance have been mentioned by AIDS-prevention associations. They involved people carrying AZT, so far, the only medicine officially recognized as slowing down the development of the disease.

These restrictions have unavoidably lead to finding ways to circumvent them. Therefore, according to the Association Dialogai of Geneva, a traffic in false HIV-negative certificates has opened up in Paris. So far, according to a representative of the Anti-AIDS Association, no such traffic has been detected in Switzerland.



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